LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

6648

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1875

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Willie Mae Brown

(a) Residence. No. 1921 Franklin St., 21 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt February 1917

7. AGE

Years	Months	Days	1 LESS than 1 day, ... hrs. or ..... min.
abt. 10	?	?	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School girl 1 2 4 1 0 7
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ark.

PARENTS

10. NAME OF FATHER Jessie Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Beulah Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FEB 21 1927
FILED ..... 19 ..... Max C. Starkoff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 21 - 1927

17. I HEREBY CERTIFY, That I attended deceased from February 20, 1927, to February 21, 1927, that I last saw her alive on February 21, 1927, and that death occurred, on the date stated above, at 6:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis (Pneumococci)

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia Indefinite (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1004

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-21-1927

WAS THERE AN AUTOPSY? yes 2-22-1927

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. J. Thomas, M.D.

2/23, 1927 (Address) City Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park Cem. DATE OF BURIAL: Feb. 24 1927

20. UNDERTAKER: Dunn Bros. ADDRESS: 215 S. Jeff Ave

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. .....

City..... (No....., ...St. .....Ward)

2. FULL NAME.....

(a) Residence. No..... St., ...Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14.
INFORMANT .....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17.
I HEREBY CERTIFY, That I attended deceased from .....
.....,19....., to ....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

.....(duration).....yrs. .....mos.....ds.

CONTRIBUTORY.....
(SECONDARY)

.....(duration).....yrs. .....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

...property consumed. Exact statement of OCCUPATION is very important.

ted by check marks, lacking from the death certificate:

me: Willie Mae Brown

o died at: St. Louis, MO. on Feb 21, 1927,

sidence: No. _____ St. _____
(If nonresident, city or town)

ngth of residence in city or
town where death occurred: Years _____ Months _____ Days _____

x: _____ Color or race: _____ Single, married, widowed or divorced: _____

te of birth: _____ Age: Years ____ Months _____ Days _____

cupation: (a) Trade _____ (b) Industry: _____

rthplace (State or country) Operation, draining Abdomen for

rthplace of father (State or country Pneumococcic Peritonitis

rthplace of mother (State or country) _____

AUSE OF DEATH: General Peritonitis
(Pneumonia)

ontributory: Broncho Pneumonia
Indefinite

here was disease contracted? _____ 126

id operation precede death? yes Date of _____

as there an autopsy? _____ What test confirmed diagnosis? _____

ame of physician:

5-6638