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

Do not use this space.

File No. 9991

Registered No. 2473

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis Mo. (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Mary Lou Brown

(a) Residence. No. 3723 Vista Ave. St., 18 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: F

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13-1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
20	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Lance Jiffries

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

12. MAIDEN NAME OF MOTHER Susie Alberta Lee

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

14. INFORMANT Sarnie Jenkins
(Address) 1104 Broadway Pace

15. FILED ..... 19..... Max C. Waitkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-10 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-14, 1927, to 3-10, 1927, that I last saw h.e.r. alive on 3-10, 1927, and that death occurred, on the date stated above, at 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobar (Secondary to the Peritonitis)
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Peritonitis, General
Pelvic Abscess (Colon) for 1 yr. Cause unknown
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/17/27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) P. Gross, M. D.
3/10, 1927 (Address) Barnes Hosp St.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Douglas Cemetery — DATE OF BURIAL 3/13 1927

20. UNDERTAKER: R. H. Green — ADDRESS 3517 Laclede Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.