

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

Do not use this space.

23154

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis mo (No. Barnes Hosp) St. Alton Ward 26

2. FULL NAME Mildred Ann Brown

(a) Residence. No. 134 W. Broadway St. 12 Ward. Alton Mo
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lloyd Brown
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 0 13 —
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Ill.

10. NAME OF FATHER Unknown Kelly
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 12. MAIDEN NAME OF MOTHER Wohauer
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wohauer

14. INFORMANT (Address) Lloyd Brown 134 W. Broadway

15. FILED 19 May 6 Starbuck Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 28 1927
 17. I HEREBY CERTIFY, That I attended deceased from 7 - 7 1927, to 7 - 28 1927, that I last saw her alive on 7 - 28 1927, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension
Cerebral Hemorrhage?
Chronic Diffuse Nephritis.
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis - Hypertension
therapeutic abortion to remove pregnancy to relieve high blood pressure & nephritis
 (duration) 12 da.
 18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-16-27
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Marv S. Liddle, M. D.
 , 19 (Address) Barnes Hospital

*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 DATE OF BURIAL
Alton Ill July 30 1927

20. UNDERTAKER ADDRESS
T. Munk Alton Mo

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.

THIS IS A PERMANENT RECORD

