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

Do not use this space. 2752

1. PLACE OF DEATH

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

Township..... Primary Registration District No. 1003 Registered No. 326

City St. Louis (No. Nav. Baptist Sanitarium St. ..... Ward)

2. FULL NAME Martha Annie Brown

(a) Residence. No. ..... St., 12 Ward. Leasburg 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. 28 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: Henry Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-26-1870

7. AGE: Years 57 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

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: at home

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

PARENTS

10. NAME OF FATHER: Jasper McNatt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): U.S.A.
12. MAIDEN NAME OF MOTHER: Olive Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): U.S.A.

14. INFORMANT: Mrs R. A. Bivin
(Address): Sullivan Mo.

15. FILED JAN 10 1928 Mae E Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-9-1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Jan 9, 1928, that I last saw h. alive on Jan 9, 1928, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious anemia
7IA 580
..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): None
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Leasburg, Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Samuel B. Grant M.D
1/10, 1928 (Address) 3720 Washington Blvd.

*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: Leasburg Mo. DATE OF BURIAL: Jan. 11 1928

20. UNDERTAKER: Alexander Sons ADDRESS: 6175 Delmar

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

Jeff. 4579. Beaumont Bldg.
5579 Cales