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

Do not use this space.

12447

File No. 2969

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 1114 N 19th St. Ward)

Registration District No. 781

Primary Registration District No. 1003

2. FULL NAME Pearl Brown

(a) Residence. No. 1114 N 19th 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 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: Colored

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Allen Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25 1893

7. AGE: Years 35 | Months 2 | Days 9 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hand Maid
(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): Miss

PARENTS

10. NAME OF FATHER: Sandy McDaniel

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

12. MAIDEN NAME OF MOTHER: Leana Jackson

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

14. INFORMANT: Allen Brown
(Address)

15. FILED MAR 9 1929 Roy C Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 16 1929, to Mar 4 1929, that I last saw him alive on Mar 4 1929, and that death occurred, on the date stated above, at 9 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis
non Tubercular

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia

(duration) yrs. mos. 10 ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) James T. Alderd, M. D.

, 19 (Address) St Louis Mo

*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: Edward Bros

DATE OF BURIAL: Mar 8 1929

20. UNDERTAKER: W. S. Wade

ADDRESS: 4202 Lindell Ave

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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.

WHITE PAPER, WITH CARBONS, MAKES THIS AN ORIGINAL RECORD