

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

Do not use this space.

38655

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. City Hospital #2)

File No. ....  
Registered No. 11059  
St. .... Ward

2. FULL NAME

Jessie Brown  
(a) Residence No. 12672 N. Newstead St., 10 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-26-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 2 12

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) Miss  
(STATE OR COUNTRY)

10. NAME OF FATHER Carter Harris

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

12. MAIDEN NAME OF MOTHER Annie Burns

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

14. INFORMANT A. Gertrude Creath  
(Address) City Hospital #2

15. FILED 11-13-1929 W. C. Starkey  
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-8- 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-29- 1929, to 11-8- 1929 that I last saw h. w. alive on 11-8- 1929 and that death occurred, on the date stated above, at 12:45 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23 N  
(duration) 3 yrs. 5 mos. 0 ds.

CONTRIBUTORY (SECONDARY) SI  
(duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE 7-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical X-Ray  
(Signed) H. A. Stale M. D.

, 19 (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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Father Dixon 11-13-1929

20. UNDERTAKER J. E. Chol ADDRESS 2702 Sinton

K. 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.

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