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

Do not use this space.

38750

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11169

Township ..... Primary Registration District No. 1003 Registered No. 11169

City St Louis (No. 1333 N Kingshighway St. ..... Ward)

2. FULL NAME Lucy M. Brown

(a) Residence. No. 1333 N Kingshighway 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	7	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Connecticut

PARENTS

10. NAME OF FATHER Homer Wolcott

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

12. MAIDEN NAME OF MOTHER Caroline Stillman

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

14. INFORMANT Mabel W. Brown
(Address) 1333 N Kingshighway

15. FILED 16 1929 Mae C Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1929, to Nov 14, 1929, that I last saw her alive on Nov 14, 1929, and that death occurred, on the date stated above, at 10:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
162 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senility
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) W W Vaughan, M. D.
11-15-1929 (Address) 4400 Washington

*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
Valhalla	11-16-1929

20. UNDERTAKER	ADDRESS
Akron & Co.	2707 N Grand

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.

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