WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Coroner
Do not use this space.

6892

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1743

City Stlouis Mo (No. City Hospital #1 St. ..... Ward)

2. FULL NAME Bernice Ellar Brown

(a) Residence. No. 4400 No Broadway St., 9 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16-1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	15	4	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stainer
(b) General nature of industry, business, or establishment in which employed (or employer) Pocket book Mfg Co
(c) Name of employer Don't Know.

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

PARENTS

10. NAME OF FATHER John Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Flossie Coffman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Flossie Brown
(Address) 4400 No Broadway

15. FILED FEB 19 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-17 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 1245 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbon Monoxide Poisoning
(Gas Heater)
17 Sec (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 30
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John J. Hurley M. D.
2/18, 1930 (Address) Liberty Coroner

*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
New St Marcus	2-19 1930

20. UNDERTAKER	ADDRESS
Wick Bros	412 DUCHOUQUETTE