

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

Do not use this space.

17867

1. PLACE OF DEATH

County
Township
City St. Louis (No. 6709)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 5085 St. Ward

2. FULL NAME

Bertha M. Brown
(a) Residence. No. 6709 Alabama St. Ward.
(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. (If nonresident, give city or town and State)

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 Chas. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15 - 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 0 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indian
(STATE OR COUNTRY)

10. NAME OF FATHER David Cooksey

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

12. MAIDEN NAME OF MOTHER Hessie Bailey

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

14. INFORMANT Chas. A. Brown
(Address) 6709 Alabama St.

15. FILED May 21 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1930
17. No Physician attended
I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., 19....., and that death occurred, on the date stated above, at....., 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia
10% (duration) yrs. mos. ds.
Left

CONTRIBUTORY (SECONDARY) 10/10
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerney M.D.
Dep. Coroner

*State the DISEASE CAUSING DEATH, (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 Muncie Ind. DATE OF BURIAL May 26 1930

20. UNDERTAKER Wm. Schwaucher ADDRESS 3013
Muncie

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.

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

