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

Do not use this space.

25052

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 7238

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Emma Brown

(a) Residence. No. 809 O'Fallon St., 25 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	Col	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	0	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None Blind
(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) Ga.

PARENTS

10. NAME OF FATHER Robert Anderson

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

12. MAIDEN NAME OF MOTHER Acelia Johnson

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

14. INFORMANT Jas Garner (Address) 809 Fallon St

15. FILED JUL 21 1930 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/18 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1930 to July 18, 1930 that I last saw her alive on July 18, 1930 and that death occurred, on the date stated above, at 5:02 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

92A

..... (duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (SECONDARY) Not Known

..... (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? Auscultation

(Signed) J. A. Flowers, M. D.
, 19 (Address) 1711 N. 10th St.

*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
Booker E. St Louis	7/27 1930
20. UNDERTAKER	ADDRESS
R. M. C. Green	3517 Laclede ave.