OCT 31 1930

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

Do not use this space.

27813

1. PLACE OF DEATH
County St Louis
Township Central
City Brentwood (No. Lythia ave St. Ward)

Registration District No. 788
Primary Registration District No. 4471

File No.
Registered No. 73

2. FULL NAME Martha Brown
(a) Residence. No. Lythia ave St., 1st Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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: cold
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE: about YEARS 89 yrs MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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) not known
(STATE OR COUNTRY) " "

PARENTS
10. NAME OF FATHER " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY) not known

14. INFORMANT Thos Mack Futrell
(Address) Fox Rd. Webster Groves

15. FILED 9-2, 1930 Dr. A. W. Westrup REGISTRAR
G. Carlock

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/30 1930

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1930, to Aug 30th, 1930 that I last saw her alive on Aug 29, 1930, and that death occurred, on the date stated above, at 12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dry Gangreen of Lower Limbs
98B
162

(duration) yrs. 10 mos. 10 ds.

CONTRIBUTORY (SECONDARY) age

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Lythia Webster Grove Ave
DID AN OPERATION PRECEDE DEATH? DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Not exact to seat

(Signed) S. L. Donnelley, M. D.
, 19 (Address) 214 E Shaw Ave

*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: Jackson Tenn.
DATE OF BURIAL: 9-1-1930

20. UNDERTAKER: J C Lewis
ADDRESS: Webster Groves

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.