

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.

MAY 23 1931

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

Do not use this space.

1. PLACE OF DEATHCounty St. LouisRegistration District No. 311Township BoylePrimary Registration District No. 41 87City St. Louis (No. _____)File No. 883-A

Registered No. _____

St. _____ Ward _____

12. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Beard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 18527. AGE YEARS 78 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)13. NAME John B. Brown14. BIRTHPLACE (CITY OR TOWN) State of Kentucky (STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)17. INFORMANT Mr. S. M. Beard (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Albany, Mo. PLACE St. Louis DATE May 29, 193119. UNDERTAKER S. H. Shackley (ADDRESS)20. FILED 1-28, 1931 Dr. N. Williamson Registrar**3 MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 193122. I HEREBY CERTIFY That I attended deceased from Jan 9, 1931 to Jan 26, 1931Last saw him alive on Jan 26, 1931 Death is said to have occurred on the date stated above, at 830 a.m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia of Left Lung, Recurred
Myocardial Infarction
Influenza

Other contributory causes of importance:

11 A
10 P
11 A

Name of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. N. Williamson, M. D.(Address) St. Louis, Mo.

