

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

Do not use this space.

23036

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City (No.) St. Ward

File No.
Registered No. 6481
St. Ward

2. FULL NAME

Clara Brown

(a) Residence No. 6115 Colorado St. 2 Ward

(If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Allen Brown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 5-1858</u>		
7. AGE <u>73</u>	YEARS	MONTHS
	<u>5</u>	<u>5</u>
	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Self</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 to June 10-1931, and that that I last saw her alive on June 10-1931, and that death occurred, on the date stated above, at 12 noon.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Insufficiency, Chronic Interstitial Nephritis, Hemiplegia Apoplectic
(duration) yrs. 9 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute Myocarditis
(duration) yrs. 13 mos. few ds.

18. WHERE WAS DISEASE CONTRACTED
131
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. H. Johnson M. D.
19 (Address) 3100 1/2 Lucas Ave.

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Harriet Barber</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

*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.

14. INFORMANT Allen Brown
(Address) 6115 Colorado

15. FILED 1931 May 27 1931
Max C. Stanley
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakdale Cem. DATE OF BURIAL June 13 1931

20. UNDERTAKER Chas. E. Pettis ADDRESS 3080 Ball Lane

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

