

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

Do not use this space.

30069

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis, MO (No. City, Noesp. #2)..... St. Ward)

2. FULL NAME

Bud Brown

(a) Residence, No. 417 S. Jefferson Ward. 22
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-4-1876
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 8 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

FATHER
 13. NAME John Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
 15. MAIDEN NAME Elsie Turner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) A. G. Creath City Hosp. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Dickson DATE Aug-28-1931

19. UNDERTAKER (ADDRESS) H. W. Roberts 3035 Lumber

20. FILED NOV 20 1931 19 31 W. W. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-12-1931 to 8-24-1931

I last saw him alive on 8-24-1931. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Date of onset
Pulmonary Tuberculosis 5 yrs. 23A
 Other contributory causes of importance
23

Name of operation..... Date of.....
 What test confirmed diagnosis? X-ray, Lab. Was there an autopsy? no

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 or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) W. S. Smith, M. D.
 (Address) City Hosp. # 2

