

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

Do not use this space.

**31076**

1. PLACE OF DEATH *Harrison* Registration District No. *334*  
 County *Jefferson* Township *Jefferson* Primary Registration District No. *5467*  
 City *St. Louis* St. *10* Ward *1*

2. FULL NAME *Sarah Frances Brough*

(a) Residence, No. *1016* St. *10* Ward. *1*  
 (Usual place of abode) (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.

File No. *616*  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William H Brough*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *8-1-1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*68 1 24*

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *House work*  
 (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) *Chester Co. Mo.*

10. NAME OF FATHER *Thompson Plank*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

12. MAIDEN NAME OF MOTHER *Matilda England*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Harrison Co. Mo.*

14. INFORMANT *Hert Brough* (Address) *Bethany Mo.*

15. FILED *10/16* 19 *31* *W J Harned* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-25-31*

17. I HEREBY CERTIFY, That I attended deceased from *May 5* 19*31*, to *Sept 20* 19*31*, that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at *9 P. M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Myocarditis*  
*131*  
*93 C*  
 (duration) *3* yrs. mos. ds.  
 CONTRIBUTORY *Chronic arteriosclerotic* (SECONDARY) (duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) *A. L. Wessling* M. D.  
*9/28/31* (Address) *Bethany Mo.*

\*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 *Morris Chapel* DATE OF BURIAL *9-28 1931*

20. UNDERTAKER *S. W. Haas* ADDRESS *Bethany Mo.*

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.

OCT 22 1931

