

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

Do not use this space.

36351

**1. PLACE OF DEATH**

County..... Registration District No. 237  
Township..... Primary Registration District No. 132  
City St. Louis (No. Barnes Hospital) St. .... Ward)

File No. ....  
Registered No. 10887  
St. .... Ward)

**2. FULL NAME** Margaret Browne

(a) Residence, No. 2730 1/2 Cook St. 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>36</u>	<u>2</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

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

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

13. NAME Robert Elam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Horrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Wm. Elam

(ADDRESS) 2730 Cook Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 10/28 1931

19. UNDERTAKER C. W. Roberts

(ADDRESS) 3035 Lucas Ave

20. FILED OCT 28 1931 Man. Blattkopf Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1931, to 10-24, 1931,

I last saw her alive on 10-24, 1931. Death is said to have occurred on the date stated above, at 10:25 a.m.

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

Myocarditis, chronic Date of onset

Other contributory causes of importance: Pulmonary Infarct

Name of operation ..... Date of .....

What test confirmed diagnosis? Cyan. Yaw 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 or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Conway, M. D.

(Address) Barnes Hosp.

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.

