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.

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

Do not use this space.

791
1003

39204

File No.
Registered No. 11380

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis, Mo. (No. 4128 Lafayette St. Ward)

2. FULL NAME Mrs. Maude Elma Brown

(a) Residence. No. 4128 Lafayette St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 / 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45	6	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hillsboro, Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER G. B. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenville Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Laura A. Catlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charleston Ill.
(STATE OR COUNTRY)

14. INFORMANT Mildred Laurence R.N.
(Address) 2514 Brown St. Alton

15. FILED NOV 12 1931 Max C. Starkey Ill.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV. 12 1931

17. I HEREBY CERTIFY, That I attended deceased from December, 1928, to Nov 12, 1931 that I last saw her alive on Nov 10, 1931, and that death occurred, on the date stated above, at 7 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction Bowel
49A
122B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer both ovaries
(duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 1930
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic on tissue
(Signed) W. W. Hanford, M. D.
11.12, 1931 (Address) 610 A Gaston Ave. St Louis 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	DATE OF BURIAL
Alton Ill.	11/12 1931
20. UNDERTAKER V. B. Moss	ADDRESS Alton Ill.

[illegible]