

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

Do not use this space.

1. PLACE OF DEATH

City St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 10103
 City St. Louis (No. 5930 Dr. Duessville) Ward 5

File No. 10606
 Registered No. 2603
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5930 Dr. Duessville St. Ward 5
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Oscar F. Sibble</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7 1850</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>7</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Grandville N.Y.</u>		
13. NAME <u>David Browne</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>M. Y.</u>		
15. MAIDEN NAME <u>Malisid Robles</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>M. Y.</u>		
17. INFORMANT <u>Minnie Sibble</u> (ADDRESS) <u>5930 Dr. Duessville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>Mar 21 1932</u>		
19. UNDERTAKER <u>Fred M. Williams</u> (ADDRESS) <u>4525 Washington Ave</u>		
20. FILED <u>MAR 21 1932</u> <u>W. C. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-18-1932 to 3-14-1932
 I last saw him alive on 3-14-1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Lobular Date of onset _____
1070
1070
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) R. E. Anderson, M. D.
 (Address) Wall Bldg

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.

