

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

Do not use this space.

14782

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 1630)

City Hospital

File No.

Registered No. 4180

St. Ward

2. FULL NAME

(a) Residence, No. 2843

Sidney Brown

(Usual place of abode)

St. Ward 24

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>5</u>	<u>8</u>	

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Weyotta
(STATE OR COUNTRY) Wisconsin

13. NAME James Brown

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

15. MAIDEN NAME Margaret Porter

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Hospital DATE April 28, 1932

19. UNDERTAKER (ADDRESS) City Hospital

20. FILED 29 1932 City Hospital Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932, to April 28, 1932

I last saw him alive on April 28, 1932 Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Carcinoma of rectum with metastases to liver and lungs 4-6-19

Other contributory causes of importance: Ulcers of abdominal wall

Name of operation Date of
What test confirmed diagnosis? clinical 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. M. Macnish, M. D.
(Address) City Hospital

WRITE PLAIN

N. B.—Every item of information should be carefully examined and EXAMINED BY PHYSICIANS about CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Brown