

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

Do not use this space.

27956

1. PLACE OF DEATH

County Registration District No. 702
 Township Primary Registration District No. 1222
 City St. Louis (No. ISOLATION HOSPITAL) St. Ward)

File No.
 Registered No. 7837
 St. Ward)

2. FULL NAME

(a) Residence, No. 1918 Wash St., 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt.</u>	<u>31</u>	<u>5</u>	<u>?</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. 235

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) Mississippi ²

13. NAME Thomas Brown

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

15. MAIDEN NAME Ada L. Habrich

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

17. INFORMANT (ADDRESS) Isolation Hospital

18. BURIAL PLACE City Cemetery, City Infirmary DATE Aug. 26, 1932

19. UNDERTAKER (ADDRESS) Geo. Pauch, City Infirmary, 5800 Arsenal St., St. Louis, Mo.

20. FILED AUG 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1929, to Aug. 23, 1932
 I last saw her alive on Aug. 23, 1932. Death is said to have occurred on the date stated above, at 8:25 m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs (Date of onset: 1928)
Tuberculosis of Intestine (Date of onset: 1929)

Other contributory causes of importance: none

(Name of operation) none Date of
 What test confirmed diagnosis? Autopsy 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? no
 If so, specify
 (Signed) Thomas J. Habrich M. D.
 (Address) ISOLATION HOSPITAL

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.

