

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

Do not use this space.

28092

1. PLACE OF DEATH

County Registration District No. 101
Township Primary Registration District No. 1003
City (No. 2328 La Salle

File No.
Registered No. 7991
St. Ward)

2. FULL NAME

(a) Residence, No. 2328 La Salle St., 22 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 <u>female</u>	4. COLOR OR RACE <u>col</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>Alfred Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-30-1897</u>		
7. AGE	YEARS	MONTHS
	<u>34</u>	<u>11</u>
		DAYS
		<u>26</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	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.	<u>1935</u>
	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>Ark</u>	
MOTHER / FATHER	13. NAME	<u>Albert Talbert</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ark.</u>
	15. MAIDEN NAME	<u>Lou Williams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ark.</u>
17. INFORMANT (ADDRESS)	<u>Alfred Brown</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Washington Park</u> DATE <u>9-3-1932</u>	
19. UNDERTAKER (ADDRESS)	<u>Water and Son</u>	
20. FILED	<u>2-2-1932</u> 19 <u>1932</u>	

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Date of onset

Other contributory causes of importance: 7

Name of operation Date of
What test confirmed diagnosis? 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 7-20 Injury
Nature of injury 7

24. Was disease or injury in any way related to occupation of deceased?
If so, specify J. W. Kerner M.D.
(Signed) J. W. Kerner
Address 440 3/2

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.

Registrar

