

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

Do not use this space.

30471

1. PLACE OF DEATH

County..... Registration District No. 7802
Township..... Primary Registration District No. 10003
City St. Louis (No. 4149a, West Belle..... St. Ward)

File No.
Registered No. 8130..... Ward)

2. FULL NAME Marjorie Lee Brown

(a) Residence, No. 4149 a West Belle St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 1 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 1 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) St. Louis Missouri

FATHER
13. NAME Rozier Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER
15. MAIDEN NAME Jane Metcalf

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

17. INFORMANT (ADDRESS) Rozier Brown 4149a West Belle

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 9/8 19. 32

19. UNDERTAKER (ADDRESS) C. W. Roberts 3035 Lucas Avenue

20. FILED SEP - 8 1932 May C. Starker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3 1932
22. I HEREBY CERTIFY That I attended deceased from 4/29 1932 to 9/3 1932
I last saw her alive on 9/2 1932 Death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows:

23A
Pulmonary Tbc
Tuberculosis
Date of onset 6 mo

Other contributory causes of importance:
J. B. O
Name of operation..... Date of.....
What test confirmed clinical 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.....
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 W. A. Barnett M.D.
(Signed) W. A. Barnett M.D.
(Address) 4313 Enright, St. Louis

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.

