

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.

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

Do not use this space.

32400

1. PLACE OF DEATH

County Jackson
Township Law
City St. Louis (No. 515-71-Handal)

Registration District No. 389
Primary Registration District No. 1002

File No. 3029
Registered No. 3029
St. _____ Ward _____

2. FULL NAME

Sarah Jane Brydson
(a) Residence, No. 515-71-Handal Ward.

(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 Female 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 Charles Brydson

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) England

FATHER 13. NAME Robert Brydson

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

MOTHER 15. MAIDEN NAME Elizabeth Stockdale

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

17. INFORMANT F. W. Ross (ADDRESS) 515-71-Handal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Oct 20 32

19. UNDERTAKER Ross & Henderson (ADDRESS) St. Louis

20. FILED 10/19 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to Oct 16, 1932
I last saw him alive on Oct 16, 1932. Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy 8:45 A
Arteriosclerosis
High Blood Pressure
Date of onset _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) David B. Robinson, M. D.
(Address) 928 Prof Bldg
St. Louis

David Robinson
Professional Bldg

130 to 4