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.

37681

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10374

City St.Louis,Mo. (No. Marine Hospital St. ..... Ward)

2. FULL NAME Dora M. Brawley

(a) Residence, No. 4162 Shaw Ave., St.Louis,Mo. 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed - Edmond Brawley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28,1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 244

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

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) Missouri 1

FATHER

13. NAME E. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER

15. MAIDEN NAME Mary Middleton

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

17. INFORMANT (ADDRESS) Daughter Essie Brawley 4162 Shaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE 11-25- 1932

19. UNDERTAKER (ADDRESS) Witt Bro. St. Louis, Mo. Co. 2929 So. Jefferson Av

20. FILED NOV 23 1932 19 [signature] Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov.22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov.18, 1932, to Nov.22, 1932

I last saw her alive on Nov.22, 1932. Death is said to have occurred on the date stated above, at 3.15 a.m.

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

	Date of onset
Toxemia- intestinal	
Obstruction,intestinal	Nov. 11, 1932
Gangrene,bowel,(small)	
due to adhesion from a former operation for Retroversion of Uterus	

Other contributory causes of importance:

Name of operation Resection of bowel Date 11-19-32

What test confirmed diagnosis? Lab. & Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) US Marine Hospital, St.Louis, Mo.

[signature]