

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.

37947

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *2606^e*, *Stoddard* St. Ward)

Registration District No. *791*
Primary Registration District No. *1006^b*

File No.
Registered No. *10664* Ward

2. FULL NAME

Jessie Brown
(a) Residence, No. *2606^e Stoddard* St., *21* 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 <i>Male</i>	4. COLOR OR RACE <i>Col.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Nancy Brown</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 18 82</i>				
7. AGE YEARS <i>About 50</i>	MONTHS <i>—</i>	DAYS <i>—</i>	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Laborer 237</i>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/30th*, 19 *32*

22. I HEREBY CERTIFY, That I attended deceased from *11-19*, 19 *32* to *11-30*, 19 *32*

I last saw him alive on *11-30*, 19 *32* Death is said to have occurred on the date stated above, at *2:50pm*.

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

108
108
108
Date of onset *11-18 1932*

Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Longwood Miss.</i>
	13. NAME <i>Henry Brown</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missu</i>
	15. MAIDEN NAME <i>Unknown</i>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown 31</i>
	17. INFORMANT (ADDRESS) <i>Mrs. Nancy Brown 2606^e Stoddard St.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenwood</i> DATE <i>12/3rd</i> , 19 <i>32</i>	
19. UNDERTAKER (ADDRESS) <i>J. C. Gordon Und. Co. 2649 Morgan St.</i>	
20. FILED <i>100-2152</i> , 19 <i>32</i> <i>Max J. Starker</i> Registrar	

Name of operation..... Date of.....

What test confirmed diagnosis? *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....., 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) *L. Walker*, M. D.
(Address) *899^e Jefferson*

