

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. 1011 Locust St. 4 Ward)

File No. 41288

Registered No. 187
 St. 4 Ward

2. FULL NAME

(a) Residence, No. 1011 Locust St. 4 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.C. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 — 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Nov 1932 11. Total time (years) spent in this occupation 23 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Hill Mo

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Mo

15. MAIDEN NAME Addie Pratt

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

17. INFORMANT W.C. Brown
 (ADDRESS) 1011 Locust St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Jan 1, 1933

19. UNDERTAKER (ADDRESS) Steinbrenkers St. Charles Mo

20. FILED 17/31 1933 H. B. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932 to Dec 30, 1932
 I last saw him alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 12:05 AM.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 12-7-32

Other contributory causes of importance: hypertension

Name of operation ⓪ Date of ⓪
 What test confirmed diagnosis? ⓪ Was there an autopsy? ⓪

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ⓪ Date of injury ⓪, 19⓪

Where did injury occur? ⓪ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ⓪
 Nature of injury ⓪

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify ⓪

(Signed) [Signature], M. D.
 (Address) 10 Washington St. St. Charles Mo

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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