

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *City of Inverness*)

Registration District No. *1732*
Primary Registration District No. *36059*

42507

File No.
Registered No. **11648**
St. Ward)

2. FULL NAME *Sally Brown*

(a) Residence, No. *Inverness 5800 Arsenal* St. Ward *13*

Length of residence in city or town where death occurred *23* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 1853*

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>79</i>				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
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) *Alabama*

FATHER MOTHER

13. NAME *Jake Perkins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alabama*

15. MAIDEN NAME *Ellen Perkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alabama*

17. INFORMANT *M. Clinger*
(ADDRESS) *5800 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *North Dickson Ave* DATE *12/30* 19 *5*

19. UNDERTAKER *Ells Funeral Home*
(ADDRESS) *2224 Stoddard St.*

20. FILED *DEC 28 1933* *Miss Barber* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-26* 19 *32*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 1* 19 *32* to *Dec 26* 19 *32*

I last saw her alive on *Dec 25* 19 *32* Death is said to have occurred on the date stated above, at *9:30 A.M.*

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

Chr. Myocarditis
93 E
164
93 C
Senility
10

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 *Ch. Schumacher* M. D.
(Signed) *Ch. Schumacher*
(Address) *5600 Arsenal*

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.

