

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

Do not use this space.

3402

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 90  
City St. Louis No. 5330, Delmar

File No.....  
Registered No. 301  
St. .... Ward)

**2. FULL NAME**

Daisy Goodwin Brown

(a) Residence, No. 5330 Delmar St., 12 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 11 8

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 89  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 77

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradrick Ohio

FATHER  
13. NAME Thomas Goodwin

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

MOTHER  
15. MAIDEN NAME Mary Jane Dupuy

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

17. INFORMANT (ADDRESS) Josephine Brown  
5330 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus Ohio DATE Jan 11, 1933

19. UNDERTAKER (ADDRESS) C. R. Tupper & Sons  
4449 Olive St.

20. FILED JAN - 9 1933  
Max Parker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-33, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1931, 19, to 1/8/33, 19, last saw him alive on 1/8/33, 19. Death is said

to have occurred on the date stated above, at 4 P. M.

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

arterio sclerosis, heart weakness and exhaustion  
due to

Date of onset about 30-40 years ago.

Other contributory causes of importance:

Paralysis agitans  
about 4-5 yrs ago.

Name of operator W. H. ... Date of ...  
Why not confirmed diagnosis? Physician 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? No.

If so, specify  
(Signed) Hudson Talbot, M. D.  
(Address) Metropolitan Bldg  
St. Louis 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 PEAINLY WITH UNFADING INK---THIS IS A PERMANT RECORD

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