

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

Do not use this space.

30800

1. PLACE OF DEATH

County St. Louis
Township Central
City (No. 4337, Oakwood av)

Registration District No. 289
Primary Registration District No. 6033B

File No. _____
Registered No. 264 St. _____ Ward _____

2. FULL NAME Fananda Brown

(a) Residence, No. 4331 Oakwood Ave., St. _____ 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) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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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.
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) St. Louis County, Mo.

13. NAME Frederick Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo.

15. MAIDEN NAME Missouri M. Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Mo.

17. INFORMANT Frederick Brown
(ADDRESS) Pine Lawn, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville, Mo. DATE Sept 15, 1933

19. UNDERTAKER Boidersiden Und. Co.
(ADDRESS) 1936 St. Louis Ave

20. FILED 9/15, 1933 Wells Gray, M.D.
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6th, 1933 to Sept. 14th, 1933

I last saw her alive on Sept. 14th, 1933 Death is said to have occurred on the date stated above, at 1:15 Am.

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

Acute intero-colitis of
extreme onset with continuous
hard convulsions, followed by
a protracted flux.
Other contributory causes of importance: Septicemia, caused by streptococcus invasion.

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 _____ (Signed) Sublet B. Thurmon, M. D.
(Address) 3718 Jennings Rd

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.

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