

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.

JAN 26 1934
86
8

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

Do not use this space.

41252

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township Central Primary Registration District No. 4469
 City Maplewood (No. 7371) Manette Ave St. _____ Ward _____
 2. FULL NAME Jessie M. Brown
 (a) Residence, No. 7551 Manette Ave St. _____ Ward _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. 621
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 12
 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) St. Louis, Mo
 MOTHER FATHER 13. NAME Patricia McKean
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER FATHER 15. MAIDEN NAME Edith M. Bride
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT J. J. G. G. G. G.
 (ADDRESS) 1114 Grand Blvd.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cathedral Cemetery Dec 15, 1933
 19. UNDERTAKER (ADDRESS) J. J. G. G. G.
 20. FILED Dec 13, 1933 Pauline Britton
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1933 to Dec. 13, 1933
 I last saw her alive on Dec. 13, 1933. Death is said to have occurred on the date stated above, at 11:30 a. m.
 The principal cause of death and related causes of importance were as follows:
arterio-sclerosis
chronic myocarditis
chronic nephritis
 Date of onset 2/10/33
 Other contributory causes of importance 131
93c
97
 Name of operation none 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? no
 If so, specify _____
 (Signed) A. Murphy M. D.
 (Address) 7160 Manchester

