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.

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

Do not use this space.

41727

JAN 26 1934

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. ..... Registered No. 10764

City St. Louis (No. St. Lukes Hospital St. .....Ward)

2. FULL NAME Elijah M. Brown

(a) Residence, No..... St., ... Ward. Nashville, Ills.
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1852

7. AGE: Years 81 | Months 4 | Days 16 | If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

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

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) Sept-1933

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood Ills.

FATHER

13. NAME Enoch Brown

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

MOTHER

15. MAIDEN NAME Nancy Boughman

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

17. INFORMANT (ADDRESS) Florence Boeschen Nashville, Ills.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Ill DATE Dec-18 1933

19. UNDERTAKER (ADDRESS) J. D. Mann Nashville Ills.

20. FILED DEC 15 1933 J. F. Bridick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 — 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-25-33, to 12-14-33

I last saw him alive on 12-14-33. Death is said to have occurred on the date stated above, at 1:42 P. m.

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

	Date of onset
Vesicle Calculi	?
Renal Block	11-21-33
Peri nephritic abscess	12-1-33
134 B	
133 A	
930	

Other contributory causes of importance: Myocarditis Chr.

Name of operation Lumbar Sympathetic Ab. Date 12-7-33

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) Oscar Burford Stutsman, M. D.

(Address) 234 University Club Bldg

St. Louis — Mo.