

MAY 25 1934

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

Do not use this space.

791
1003

14536

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3706, Vista Pl..... St. Ward)

File No.....
Registered No. 3719

2. FULL NAME Annie P. Brownlow

(a) Residence, No. 3706 Vista Pl. St. 19 Ward. (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female | White | Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29th, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 1 | 14

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

13. NAME William Musick

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr. Ray T. Bantler
3706 Vista Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE April 14, 1934

19. UNDERTAKER (ADDRESS) W. Hermann Daniel
1905 Union Blvd.

20. FILED APR 13 1934 J. S. Bredek Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24 - 1934 to April 13 - 1934

I last saw her April 11 alive on April 11, 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Cerebral Hemorrhage
Senility

Hypertension
General Arterio Sclerosis
and especially cerebral
Paralysis - Rt. arm

Other contributory causes of importance:
General Arterio Sclerosis
and especially cerebral
Paralysis - Rt. arm

Name of operation..... Date of.....
What test confirmed diagnosis? Phy. Exam as there an autopsy? no

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) J. P. Murphy M. D.
(Address) 2616 N. Kingshighway Blvd
St. Louis 7mo

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.

