

WHITE 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.

SEP 25 1934

30676

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 60889
 City Clayton (No. 6309, Alamo Ave. St. _____ Ward _____)

2. FULL NAME Anna Jane Brown
 (a) Residence, No. 6309 Alamo 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 10 5

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) Ireland

FATHER 13. NAME James Crotches
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Jane Graham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Clarence Starmont
6309 Alamo Ave.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. DATE Aug. 11th 1934

19. UNDERTAKER (ADDRESS) Brehmans Funeral
1905 Union Blvd.

20. FILED 810 1934 Robt J. Calkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 8 1933 to Aug 7 1934
 I last saw him alive on Aug 7 1934 Death is said to have occurred on the date stated above, at 10:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset about 4/8/33
97
 Other contributory causes of importance:
97

Name of operation No Date of _____
 What test confirmed diagnosis clinical Was 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) D. C. Boyd M. D.
920 Hammond Club Bldg.

Union Club

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