

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

Do not use this space.

30790

1. PLACE OF DEATH SEP 13 1934

County.....

Registration District No. 1791

Township.....

Primary Registration District No. 1003

City St. Louis (No. Lutheran Hospital)

File No.

Registered No. 8049

2. FULL NAME Anna May Brutton

(a) Residence, No. 2651^a Montana St. 15 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 - 1934

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St. Louis Mo (STATE OR COUNTRY)

FATHER

13. NAME Martin Brutton

14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Lillian M^e Dermott

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

17. INFORMANT Martin Brutton (ADDRESS) 2651^a Montana

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug. 6 1934

19. UNDERTAKER Southern (ADDRESS) 6322 S. Broadway

20. FILED Aug - 6 1934 J. P. Brudick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/5/34, 1934, to 8/6, 1934

I last saw her alive on 8/5, 1934. Death is said to have occurred on the date stated above, at 2:20 P. m.

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

Prematurity (20 wks)

139

157

Other contributory causes of importance:

Date of onset

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) g. g. g. m. d., M. D.

(Address) 5. 5. 5. m. d. l. b. b. b.

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.

Dr. Garrison