JAN 23 1935

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

Do not use this space.

44356

1. PLACE OF DEATH
County St Louis
Township Central
City Clayton (No. St. Louis Co Hosp. St. Ward)

Registration District No. 790
Primary Registration District No. 6033a

File No.
Registered No. 409

2. FULL NAME Brown, Jennie

(a) Residence, No. 7926 Jones St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ' mos. c ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF DATE (MONTH, DAY, AND YEAR) Unknown

7. AGE: YEARS About 63 | MONTHS c | DAYS c | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Cage city Edmonton Co —

FATHER
13. NAME Peter Paris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va — ?

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Thos Brown
(ADDRESS) 7926 - Jones Ave -

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 12-13 1934

19. UNDERTAKER C Lewis
(ADDRESS) #5 Webster Groves

20. FILED 12-12 1934 Ruth J Ambruster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/24/34, 19, to 12/10/34, 19

I last saw h. on alive on 12/9/34, 19 Death is said to have occurred on the date stated above, at 12:35 a.m.

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

	Date of onset
Degenerative myocarditis (Hypertensive)	
1 2 3	
1 6 9	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) James R. Meader, M. D.
(Address) St. Louis Co. Hosp. Clayton Mo.

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.