

JUN 3 1935

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

Do not use this space.

In 21-5102
14049

1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. _____
Township _____ Primary Registration District No. 3036 Registered No. 57
City St. Charles (No. 334, North Second) St. _____ Ward _____

2. FULL NAME

Lucinda Brown
(a) Residence, No. 534 N. 2nd 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 John Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 22

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

13. NAME James Consens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Lucinda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Barbara Hering
(ADDRESS) 334 N. 2nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Don't know DATE April 9, 1935

19. UNDERTAKER H. H. Callender & Sons
(ADDRESS) 500 N. Second St.

20. FILED 5/9, 1935 Clarence P. Wheeler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1934 to April 7, 1935

I last saw her alive on April 7, 1935 Death is said

to have occurred on the date stated above, at 1:45 p.m.

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

Carcinoma of uterus
Date of onset About 25 yrs ago

Other contributory causes of importance: Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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? _____

If so, specify _____

(Signed) W. E. Pitter, M. D.
(Address) 208 So. Fifth St. - St. Charles 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.

