MAY 13 1935

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

Do not use this space.

14554

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 3387

Township ..... Primary Registration District No. ..... Registered No. 3387

City St Louis (No. 2747 Lucas St. ..... Ward)

2. FULL NAME Fannie Brown 3387

(a) Residence, No. 2747 Lucas St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	col	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 - 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	—	15	

23

OCCUPATION

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

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 .....

2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattanooga Tenn

2

FATHER

13. NAME Wash Bailey

2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattanooga Tenn

MOTHER

15. MAIDEN NAME Mattie Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattanooga Tenn

17. INFORMANT (ADDRESS) James Lovejoy 2223 Pine St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE April 14 1935

19. UNDERTAKER (ADDRESS) Dement - Son 2700 Wash St

20. FILED APR 14 1935 J. L. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1934, to 4-6-35, 19..

I last saw her alive on 4/5, 1935. Death is said to have occurred on the date stated above, at 9.50 A.m.

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

12/20/34 Mitral Insufficiency

Date of onset 12/20/34

Other contributory causes of importance:

95

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) [signature], M. D.

(Address) 214 Peoples Bldg

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

(Demonst.)