

1935

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

Do not use this space.

16549

1. PLACE OF DEATH

County Jackson
Township 1st
City W.C. Mo. (No. General Hosp #2)

Registration District No. 399
Primary Registration District No. 100

File No. 5
Registered No. 3rd (Ward)

2. FULL NAME

Matilda Brown
(a) Residence, No. 2023 Harvard St., 3rd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk. 1838</u>		
7. AGE YEARS <u>97</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1935, to 5-14, 1935.
I last saw him alive on 5-14, 1935. Death is said to have occurred on the date stated above, at 1:20 P.M.
The principal cause of death and related causes of importance were as follows:
Senility
Date of onset

Other contributory causes of importance:
160

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>
	13. NAME <u>Unk.</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>
	15. MAIDEN NAME <u>Unk.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>
	17. INFORMANT (ADDRESS) <u>Record Clerk, General Hosp #2</u>
18. BURIAL, CREMATION, OR REMOVAL PLAC <u>Burial</u> DATE <u>5/17</u> , 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Stathms Bros. 1729 Linden</u>	
20. FILED <u>May 17, 1935</u> <u>W.C. Mo. Brown</u> Registrar.	

Name of operation Blindness Date of at
What test confirmed diagnosis? Blindness 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) W.C. Brown, M. D.
(Address) General Hosp #2

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.

