

AUG 20 1935

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

Do not use this space.

22965

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township St. Louis Primary Registration District No. _____
City St. Louis, Mo. (No. General Hosp. #2) St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1510 Harrison St., 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 <u>Male</u> | 4. COLOR OR RACE <u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-29-63</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>72</u> | <u>4</u> |
| | | DAYS |
| | | <u>2</u> |
| | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | 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 _____ | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>O. K.</u> | | |
| MOTHER | 13. NAME <u>Robert M. Brown</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u> | |
| | 15. MAIDEN NAME <u>Robert M. Brown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u> | |
| 17. INFORMANT <u>Record Clerk</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary Home</u> DATE <u>7-3-35</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>H. B. Moore</u> | | |
| 20. FILED <u>7-5</u> 19 <u>35</u> <u>M. M. Crowe</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1935, to 7-1 1935
I last saw him alive on 7-1 1935 Death is said to have occurred on the date stated above, at 5:55 A.M.
The principal cause of death and related causes of importance were as follows:
Prostatism Date of onset 12/1

Other contributory causes of importance:
Chronic Nephritis with uremia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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) J. O. Brown M. D.
(Address) General Hosp. #2

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

T. Farmer, George A. Smith

