

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH *St. Louis* Registration District No. **791**
 County *St. Louis* Primary Registration District No. **1003** File No. **24867**
 Township *St. Louis* Registered No. **6301**
 City *St. Louis* (No. *492*) *Eichelberger* St. _____ Ward _____

2. FULL NAME *Minnie G. Brigham*
 (a) Residence, No. *2921 Eichelberger* St., *14* Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *4* 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) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Robert O. Brigham*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 27-1870*
 7. AGE YEARS *64* MONTHS *9* DAYS *26* If LESS than 1 day, _____ hrs. or _____ min.
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Quincy Ill.*
 13. NAME *James McDonald*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*
 15. MAIDEN NAME *Rebecca Nicholson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Court House Ohio*
 17. INFORMANT *Robert O. Brigham* (ADDRESS) *2921 Eichelberger St. St. Louis*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Central Ill* DATE *July 27 1935*
 19. UNDERTAKER *Berthold L. Bodys* (ADDRESS) *Central Ill*
 20. FILED **JUL 24 1935** *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 23rd 1935*
 22. I HEREBY CERTIFY That I attended deceased from *July 22 1935* to *July 23 1935*
 I last saw her alive on *July 23 1935*. Death is said to have occurred on the date stated above, at *17:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Chronic Myo-carditis Date of onset _____
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 Other contributory causes of importance:
Chronic Parenchymatous nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Urinalysis* 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) *Roy Coeceptor* M. D.
 (Address) _____
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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 LABEL WITH ORANGE MARKS IS A PERMANENT RECORD

