

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township St. Louis Primary Registration District No. 4471
 City Shelbille (No. Cornell + Wellington Place St. _____ Ward _____)

File No. 33834

Registered No. 102

2. FULL NAME

(a) Residence, No. Mary Ellen Brown Wellington Pl. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1st 1905</u>				
7. AGE	YEARS <u>30</u>	MONTHS <u>2</u>	DAYS <u>7</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>maid</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 _____				
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Labadie Mo.</u>			
	13. NAME <u>John Brown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Labadie Mo.</u>			
	15. MAIDEN NAME <u>Ida Perkins</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Labadie Mo.</u>			
	17. INFORMANT <u>Ike Brown</u> (ADDRESS)			
18. BURIAL CREMATION OR REMOVAL PLACE <u>Father's Burial</u> DATE <u>10-14-35</u>				
19. UNDERTAKER (ADDRESS) <u>J. C. Reuss</u>				
20. FILED <u>10-14-35</u> <u>Julius R. York</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 8 - 35

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1935, to Oct 8 1935
 I last saw her, alive on Oct 1 1935. Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset April 1935 from history

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis Spurium positive 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) A. J. Jagger M. D.
 (Address) 117 Jefferson Ave, St. Louis

WRITE PLAINLY, 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.

