

DEC 12 1935

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

Do not use this space.

37493

9460

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1093  
City St. Louis (No. City 1093) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

#11733 Emma Browne  
(a) Residence, No. 7158 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. 11 Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Browne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 6 7 22 48

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stork  
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) Indiana

MOTHER FATHER  
13. NAME Alexander Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York

15. MAIDEN NAME Lula Indiana

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York

17. INFORMANT (ADDRESS) Step. J. Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Nov. 12 1935

19. UNDERTAKER J. B. Smith Funeral Home (ADDRESS) 1116 Broadway

20. FILED NOV 12 1935 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1935, to 11-9, 1935  
I last saw her alive on 11-9, 1935. Death is said to have occurred on the date stated above, at 10 p.  
The principal cause of death and related causes of importance were as follows:

Paresis (General Paralysis of Insane) Date of onset 83  
Other contributory causes of importance: Bronchial Pneumonia

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) W. C. Harris M. D.  
(Address) City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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