

JAN 13 1935

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

Do not use this space.

10864

1. PLACE OF DEATH

County.....

Registration District No. 1003

File No. 41620

Township.....

Primary Registration District No. City St. Ward

Registered No. 41620

2. FULL NAME

(a) Residence, No. 4536 Pauline Brown, Ward 7

(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Harry Brown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 6-1897*

7. AGE YEARS *43* MONTHS *4* DAYS *16* If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

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) *St Louis Mo*

13. NAME *Miss Wilson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *?*

15. MAIDEN NAME *Edna Lucient*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ouba Missouri*

17. INFORMANT (ADDRESS) *St Joseph City*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Memorial Park Dec 24 1935*

19. UNDERTAKER (ADDRESS) *Chas. S. Stewart 225 Union Blvd*

20. FILED 19 *31* *J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/22*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *12/21*, 19*35*, to *12/22*, 19*35*

I last saw *ed* alive on *12/22*, 19*35*. Death is said

to have occurred on the date stated above, at *1140 am*

The principal cause of death and related causes of importance were as follows:

Septicemia following Street Sore Throat

Other contributory causes of importance: *1150*
Renal and pulmonary infarcts

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 *Geo Skibol*, M. D.
(Address) *City St Joseph*

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.

RECORD

DEC 23 1935

