MAR 25 1936

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. 787 — File No. 7498
Township Meramec — Primary Registration District No. 6032 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Carrie Brown
(a) Residence, No. Centaur, Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 81 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE about YEARS 1.81 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Centaur Mo

FATHER
13. NAME Jacobs Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Melaia Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) George Brown Centaur Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centaur, Mo DATE Feb 10th 1936

19. UNDERTAKER (ADDRESS) J. W. Hughes 2620 Rawlins Ave St Louis Mo

20. FILED Feb 21, 1936 Wm G Dicke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/36

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1936 to 2/7/36, 19..
I last saw her alive on 2/5/36, 19.... Death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2/5/36

Other contributory causes of importance:
Carcinoma of Rt Breast — ??
Senility

Name of operation None Date of ✓
What test confirmed diagnosis? Physical 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) B. G. Hammond, M. D.
(Address) Crene Coeur Mo

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.

MOM-3-28-35