

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space. ✓

MAY 27 1936

16708

1. PLACE OF DEATH

County St. Louis County Registration District No. 333
Township Ferguson Town Primary Registration District No. 4468
City So. Kinloch park mo (No. So Kinloch park mo)

File No. _____
Registered No. 79
St. _____ Ward _____

2. FULL NAME

Eliza Brown
(a) Residence, No. So. Kinloch park mo St. _____ Ward _____
(Usual place of abode)

(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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10. 1877

7. AGE YEARS 59 MONTHS 1 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Rolla mo

FATHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Eliza Brandon (ADDRESS) So. Kinloch mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Apr 18. 1936

19. UNDERTAKER English Lumber Co. (ADDRESS) 2981 Business ave.

20. FILED 4/18 1936 W. A. Zeitler Registrar. Paul C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12- 1936, to 4-10- 1936
I last saw him alive on 4-10- 1936 Death is said to have occurred on the date stated above, at 10 a.m.

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

Cardiac & cerebral Date of onset 10-1-35

Other contributory causes of importance: 48

Name of operation none Date of _____
What test confirmed diagnosis Stomach 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) Ray Johnson M. D.
(Address) Ferguson mo

