

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.

JUN 26 1936

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

Do not use this space.

20558 ⁰¹

1. PLACE OF DEATH

County St. Louis
Township Bonhome
City Tom Ridge (No. _____)

Registration District No. 785
Primary Registration District No. 6031

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Fee Fee Rd 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John J. Jamieson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30-1868</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>20</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>Housework</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	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericksburg, Mo.

FATHER 13. NAME George Henry Brown

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

MOTHER 15. MAIDEN NAME Barbara Brown

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

17. INFORMANT Sidney Jamieson
(ADDRESS) Crane Colon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE The Hallahan DATE May 12, 1936

19. UNDERTAKER Bayman Bros
(ADDRESS) Overland, Mo.

20. FILED 5-11- 1936 Agnes C. Keel
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936 to May 10, 1936
I last saw her alive on May 9, 1936 Death is said

to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

carcinoma of uterus Date of onset _____

Other contributory causes of importance W

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____ (Signed) W. H. Henry, M. D.

(Address) Crane Colon, Mo.

