

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.

JUL 14 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis mo** (No. **2011a**) **Biddle Street** St. _____ Ward _____
Registered No. **24687**
6309

2. FULL NAME

Bailey Brown
(a) Residence, No. **2011a Biddle St.**, **21** Ward. (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 **Male** 4. COLOR OR RACE **Colo** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 4, 1901**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **34** 1 —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labarer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Common**
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) **Jackson Tenn**

13. NAME **Doek Brown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tenn**

15. MAIDEN NAME **Dora Thomas**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tenn**

17. INFORMANT (ADDRESS) **Almeda Brown 2011a Biddle Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's** DATE **June 23, 1936**

19. UNDERTAKER (ADDRESS) **A. L. Beal (incl. Co) 2726 Super. Ave.**

20. FILED **JUN 22 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14, 1936**
22. I HEREBY CERTIFY, That I attended deceased from **June 13, 1936** to **June 14, 1936**
Last saw h. alive on **June 13, 1936** Death is said to have occurred on the date stated above, at **10:30 A.M.**
The principal cause of death and related causes of importance were as follows:

Chronic hepatitis
Other contributory causes of importance: **131**

Name of operation..... Date of.....
What test confirmed diagnosis? **chri** 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) **m. a. Mueller**, M. D.
(Address) **2335 Franklin Ave.**

