

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.

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis, Mo.**

Registration District No. **791**
Primary Registration District No. **1003**

File No. **35836**
Registered No. **9458**
St. _____ Ward _____

2. FULL NAME **Lenora Brown,**

(a) Residence, No. **3925 Finney Ave.,** St., **11** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **12** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 29, 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 **1** **12**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Maid**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **retired**
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... **Mississippi**
(STATE OR COUNTRY)

FATHER
13. NAME **L. D. Davis**

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

MOTHER
15. MAIDEN NAME **Emma Bell**

16. BIRTHPLACE (CITY OR TOWN)..... **Mississippi**
(STATE OR COUNTRY)

17. INFORMANT **S. Grady**
(ADDRESS) **5800 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington** DATE **Sept. 15, 1936**

19. UNDERTAKER **Thos. H. Bruce**
(ADDRESS) **1003 North Garrison**

20. FILED **SEP 14 1936** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **May 19, 1936**, to **Sept. 10, 1936**

I last saw her alive on **Sept 10, 1936**. Death is said to have occurred on the date stated above, at **4:00 P. M.**

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

Chronic Pulmonary Tbc. Date of onset
Spontaneous Pneumothorax, Sept. 9-10-36

Other contributory causes of importance: **23**

Name of operation..... Date of.....
What test confirmed diagnosis? **X-Ray** Was there an autopsy? **Yes**

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) **Andrew G. Leeward** M. D.
(Address) **3600 Arsenal**

1950

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