

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.

OCT 21 1936

**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. (No.)

Registration District No. 791
Primary Registration District No. 1003
City Hospital #1

File No.
Registered No. 9927
St. Ward)

2. FULL NAME Sara Elizabeth Brumley

(a) Residence, No. Vienna, Illinois St. N. R. Ward. Vienna, Illinois
(Usual place of abode)

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 White 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) December 21st, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
20 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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) Vienna, Illinois
(STATE OR COUNTRY)

13. NAME George Brumley

14. BIRTHPLACE (CITY OR TOWN) Johnson County, Illinois
(STATE OR COUNTRY)

15. MAIDEN NAME Anna Webb

16. BIRTHPLACE (CITY OR TOWN) Johnson County, Illinois
(STATE OR COUNTRY)

17. INFORMANT Sadie Brumley
(ADDRESS) 2054 Waverly Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna, Illinois DATE October 3, 1936

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue

20. FILED OCT 1 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:53 p.m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis due to criminal abortion performed at hands of physician unknown.
Other contributory causes of importance: Homicide
Date of onset N

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 Gunshot Abortion
Nature of injury Peritonitis (Abortion)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) [Signature] M.D.
(Address) [Signature]

