

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

Do not use this space.

NOV 4 1936

39515

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **Saint Louis,** (No. **4229a East Aldine Avenue**) St. Ward)

2. FULL NAME Annabelle Bronaugh

(a) Residence, No. 4229a East Aldine Avenue, // Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred **20** yrs. **9** mos. **6** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 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) **March 10th, 1916**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 **7** **6**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House work**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
 10. Date deceased last worked at this occupation (month and year) **October, 1936** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **James Bronaugh**

14. BIRTHPLACE (CITY OR TOWN) **Clarksville**
 (STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Luella Morris**

16. BIRTHPLACE (CITY OR TOWN) **Clarksville**
 (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **James Bernard**
 (ADDRESS) **4229a East Aldine Avenue**

18. BURIAL, CREMATION, OR REMOVAL **WASHINGTON CEM.**
 PLACE **Washington, D.C.** DATE **Oct. 23, 1936**

19. UNDERTAKER **Charles J. Gale**
 (ADDRESS) **4107 Finney Avenue**

20. FILED **1936**
NOV 21 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 16, 1936**

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1936 to October 16th, 1936

I last saw her alive on October 16, 1936 Death is said to have occurred on the date stated above, at 11: A.M.

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

Cardiac vascular renal hypertension with cerebral apoplexy.

Date of onset *Just with nature loss sudden death*

Other contributory causes of importance: **AMENORRHEA**

Name of operation **None** Date of **None**
 What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **XXXXXX** 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 **J. T. Freedlove**, M. D.
 (Signed) **J. T. Freedlove** (Address) **2748a Franklin Avenue**

