

DEC 3 1936

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

Do not use this space.

39930
39930

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. ST. MARY'S INFIRMARY)

File No.....
Registered No. 11482
St. Ward)

2. FULL NAME Will Brown

(a) Residence, No. 105 S. 16 St. St. 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Clarksville
(STATE OR COUNTRY) Tennessee

13. NAME Sam Brown

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

15. MAIDEN NAME Sarah Harris

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

17. INFORMANT St. Mary's Infirmary
(ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 11-19-36

19. UNDERTAKER David Van Fassin
(ADDRESS) City Hosp. #1

20. FILE NOV 13 1936 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1936

22. I HEREBY CERTIFY That I attended deceased from October 10, 1936 to October 26, 1936

I last saw him alive on October 26, 1936 Death is said

to have occurred on the date stated above, at 4:07 A. m.

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

Carcinoma of right supra-clavicular region with metastasis to the spinal cord.

Primary seat unknown

Other contributory causes of importance

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?..... 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) A. C. Rutherford, M. D.

(Address) St. Mary's Infirmary, St. Louis, Mo.

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.

WHITE PERNIX, WITH UNFADING INK—THIS IS A PERMANENT RECORD

