

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

Do not use this space. 0

39961

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No. Roch Hospital)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. ~~410~~
St. 410 Ward _____

2. FULL NAME

Rattie Brown
(a) Residence, No. 3622 Cazens St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 James Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
40 10 3

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. _____
10. Date deceased last worked at this occupation (month and year) 5-14-36 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Arls.

13. NAME Ben Harful

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

15. MAIDEN NAME Jane ?

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

17. INFORMANT (ADDRESS) Roch Hosp. Records.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Pky DATE Oct 31 - 1936

19. UNDERTAKER (ADDRESS) J. C. Lewis & Webster Groves Mo

20. FILED Oct 29 1936 S. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1936 to 10-28-1936

I last saw her alive on 10-27-1936 Death is said to have occurred on the date stated above, at 2:20 P m.

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

Chr. Pulmonary Tbc. Date of onset May 1935

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Spitum + 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? Yes
If so, specify _____

(Signed) D. H. Dungee, M. D.
(Address) Koch, Mo.

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.

