

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 (No. 130<sup>a</sup> Lafayette 2)

**FEB 8 1937 791**  
Registration District No.....  
Primary Registration District No. **1003**

File No. **3772**  
Registered No. **808**  
St. .... Ward)

**2. FULL NAME** Lizzie Bronden

(a) Residence, No. 130a Lafayette St. 23 Ward. 1  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 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) Sept. 15, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
26 - 1910 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2152  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stayed at Home  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luda, Mississippi 2

FATHER 13. NAME Tim Buchanan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma 21

MOTHER 15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma 21

17. INFORMANT (ADDRESS) Oley Walker 310 Berry

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Diggison DATE 1/19/37 19.

19. UNDERTAKER (ADDRESS) A. J. Burt 16-19 S. 3rd St.

20. FILED J. J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15/1937

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1937 to January 15, 1937  
Last saw him alive on 1-15-37 Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Emphysema and Myocardosis. Date of onset

Other contributory causes of importance:

Rheumatism and child-birth.  
Normal delivery had nothing to do with death.  
Name of operation None Date of death  
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 780 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? No.  
If so, specify.....  
(Signed) J. J. Bredeck M. D.  
(Address) 923 Jefferson

