

APR 9 1937

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

Do not use this space.

791
1003

File No. 10497
Registered No. 3071
St. _____ Ward _____

1. PLACE OF DEATH

County _____

Registration District No. _____

Township _____

Primary Registration District No. _____

City St. Louis, Mo.

(No. Missouri-Baptist Hospital

2. FULL NAME

Mollie Brawley

(a) Residence, No. _____

St. _____

Ward Ellington, Missouri

(If nonresident, give city or town and State)

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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeff Brawley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 16th, 1887		
7. AGE 49	YEARS 6	MONTHS 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
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) (STATE OR COUNTRY) Ellington, Missouri		
13. NAME Anderson Massie		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Andemesia Copenland		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT Jeff Brawley (ADDRESS) Ellington, Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington, Mo. DATE March 22nd 1937		
19. UNDERTAKER Albert H. Hoppe Inc., (ADDRESS) 429 N. Euclid Avenue		
20. REGISTRAR J. Bredeck		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19 1937

22. I HEREBY CERTIFY, That I attended deceased from
mch 2nd 1937, to mch 19th 1937
I last saw her alive on mch 18, 1937. Death is said
to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:
Thyrototoxicosis
post long standing
Reduced prior to operation
mark exacerbated
following operation
Other contributory causes of importance:
Thyroidectomy
Name of operation Thyroidectomy Date of 3/14/37
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? _____ 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) Hudson Falbath, M. D.
(Address) _____

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.

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