

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.

MAY 7 1937

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

Do not use this space.

791
1003

1-17-48

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. 1214 Jones St)..... St. 4244 Ward.....

2. FULL NAME Laura Brown Donohoe

(a) Residence, No. 1214 Jones St Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14/1868
7. AGE YEARS 73 MONTHS 1 DAYS 8 (LESS than 1 day, hrs. or min.)
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-1937
22. I HEREBY CERTIFY, That I attended deceased from 4-15-1937 to 4-22-1937. I last saw him alive on 4-22-1937. Death is said to have occurred on the date stated above, at 12:45 pm. The principal cause of death and related causes of importance were as follows:

chronic nephritis
Date of onset 131
Other contributory causes of importance: Arteriosclerosis
Name of operation..... Date of.....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
13. NAME David Israel Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT Lelia Sharpe (ADDRESS) 1214 No Jones St
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE April 25 1937
19. UNDERTAKER Paul Charles Heflinger (ADDRESS) 2750 S. Olive St
20. FILED APR 24 1937 (Address) J. S. French Registrar

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) Re Roy Laborer, M. D. (Address) 1003 Glasgow Ave

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