

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

Do not use this space.

AUG - 5 1937

25514

1. PLACE OF DEATH

County

Registration District No.

791
1008

File No.

Township

Primary Registration District No.

Registered No.

City

(No.)

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

22 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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

Negro

Single

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

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

Dec 16 - 1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

15

6

22

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

nil

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)

St Louis Mo

13. NAME

Abraham Brown

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

mo

15. MAIDEN NAME

Ethel Cooper

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

mo

17. INFORMANT (ADDRESS)

Mattie Brown 2712 Bernard

18. BURIAL, CREMATION, OR REMOVAL PLACE

Father's Dickson

19. UNDERTAKER (ADDRESS)

A. Russell and Co. 2732 Pine St.

20. FILED

JUL 12 1937

J. A. Bredecki Registrar

MEDICAL CERTIFICATE OF DEATH

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

7/8/1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at 10:00 AM.

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

Primary Bronchial Pneumonia

Other contributory causes of importance:

Name of operation

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

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) Alfred Perry M.D.

(Address) Deputy Coroner

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.

12 1992