

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.

REC'D JUN 8 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 258

Township Sherman

Primary Registration District No. 5361

City Amity (No. _____)

File No. 18499

Registered No. 6

St. _____ Ward)

2. FULL NAME

Lola May Brown

(a) Residence, No. _____ St., _____ Ward.
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>1</u>	<u>19</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amity Mo.

13. NAME Joseph Titchens

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

15. MAIDEN NAME Sarah Benton

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

17. INFORMANT (ADDRESS) Joseph Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale Mo. DATE 5-9 1939

19. UNDERTAKER (ADDRESS) John Brown
Clarksdale Mo

20. FILED 5/9 1939 Wm C M Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to 5-6, 1939

I last saw him alive on May 6, 1939. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:
Pernicious Anemia (Date of onset about 1920)

Other contributory causes of importance:
Mitral Insufficiency 1436

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____

(Signed) O. L. Perry, M. D.
(Address) Clarksdale Mo.

RECEIVED

District Health Officer No. 10

District File Number 39-553

Date Filed JUN 1 1934