

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

Do not use this space.

3523

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 5237)

Terry Ave

File No.

Registered No. 1 79

St. Ward)

2. FULL NAME Mollie Bailey

(a) Residence. No. St. 6 Ward.

High Hill Mo

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1860

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>68.</u>	<u>---</u>	<u>---</u>	<u>3.</u>	<u>---</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) New Orleans

(STATE OR COUNTRY) La.

10. NAME OF FATHER John M. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

12. MAIDEN NAME OF MOTHER Anna Meyer.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT C. P. Surtovius (Address) 5237 Terry Ave

15. FILED Jan 2 1929 Max C. Barkley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 1 1929

17. I HEREBY CERTIFY, That I attended deceased from December 28, 1928, to January 1, 1929 that I last saw him alive on January 1, 1929, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Decompensation

95 1/2
10 1/2 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Acute Bronchitis
non Tubercular (duration) yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) J. M. Brown, M. D.

Jan 2 1929 (Address) 2867 1/2 Union Blvd. St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

High Hill Mo.

20. UNDERTAKER

McLaughlin

Jan 3, 1929

ADDRESS 1631 Missouri

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.

