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

Do not use this space.

15435

1. PLACE OF DEATH
County St Francois — Registration District No. 770 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 42
City Bonne Terre, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Effie Alvada Brown
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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.

MAY 27 1931

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.

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 OF (OR) WIFE OF Harry Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3 - 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 2 [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mine La Motte, Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER W. J. Priest
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Martha Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Madison County, Mo.

14. INFORMANT Elsie Coleman.
(Address) Bonne Terre, Mo

15. FILED 4/16, 1931 T. A. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1931

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to April 15, 1931, that I last saw her alive on April 6, 1931, and that death occurred, on the date stated above, at 1 Am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
46E
(duration) ..... yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY) 46E
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Hon
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Lee Turley, M. D
4-15, 1931 (Address) Bonne Terre

*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: Mine La Motte, Mo
DATE OF BURIAL: 4/16 1931

20. UNDERTAKER: Benham Und. Co.
ADDRESS: Bonne Terre, Missouri.