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

Do not use this space.

26508

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7661

City St. Louis (No. 4592a N. Market St. ..... St. ..... Ward)

2. FULL NAME Mary Brown

(a) Residence. No. 4592a N. Market St., Ward. 11 (If nonresident give city or town and State)
(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.

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 Brazil Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 - 1833

7. AGE: Years 97 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Tennessee

PARENTS
10. NAME OF FATHER: Milton Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Betty Hudson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT (Address): James Ezell, Greenville Ill.

15. FILED JUL -9 1931 Max C. Starkey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1931

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1931, to July 3, 1931, that I last saw ~~h~~ alive on July 3, 1931, and that death occurred, on the date stated above, at 6.40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
56E Acute Endocarditis
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): Acute Articular Rheumatism
(duration) ..... yrs. ..... mos. ..... ds.

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? .....

(Signed) C. C. Emerson, M. D.
July 4, 1931 (Address) 3870 Eastan

*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: Mt Rose Cemetery, Greenville Illinois
DATE OF BURIAL: July 5 1931

20. UNDERTAKER: Olyve E. Bass
ADDRESS: Greenville Illinois

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...

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