

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

Do not use this space.

37554

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **100182**
City **Louis** (No. **4022**, **Green Can.**) St. _____ Ward _____

File No. _____
Registered No. **10229**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **4022**, **Green Can** St., **10** 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 29 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 7 18

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

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) **Scotland**

13. NAME **Thomas Law**

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

15. MAIDEN NAME **Sabell Bruce**

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

17. INFORMANT **Mrs. M. G. Berridge**
(ADDRESS) **4022 - Green Can**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Salubria** DATE **Nov 21**, 1932

19. UNDERTAKER **A. Kronk & Co.**
(ADDRESS) **2307 W. Grand St.**

20. FILED **NOV 20 1932** **Max J. [unclear]** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 18, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 5**, 1932, to **Nov 18**, 1932

I last saw her alive on **Nov 17**, 1932 Death is said

to have occurred on the date stated above, at **12 noon**

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

Regeneration of Duodenal ulcer Date of onset **Oct 5, 32**

170 / M B

Other contributory causes of importance: **Roll Stone Colic**

Name of operation **None** Date of _____

What test confirmed diagnosis? **Usual** Was there an autopsy? **No**

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) **M. W. Gilbert**, M. D.

(Address) **410.3 Easton Ave**

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.

