

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

Do not use this space.

36661

1. PLACE OF DEATH

County Hackson
Township Law
City St. Louis (No. Gen. Hosp.)

Registration District No. 389
Primary Registration District No. 3003

File No. _____
Registered No. 4584
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7718 Troost, St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shif 2

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) Mo

13. NAME Ch. J. Rollins

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

15. MAIDEN NAME Francis Harris

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

17. INFORMANT Mrs. G. Brown (ADDRESS) 2718 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar. 24 1928

19. UNDERTAKER (ADDRESS) Wentland Co. 1915 E 13th

20. FILED Nov 23 1928 33 in. St. L. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22/33

22. I HEREBY CERTIFY That I attended deceased from April to _____, 19_____

I last saw _____ alive on _____, 19_____. Death is said to have occurred on the date stated above, 3A m.

The principal cause of death and related causes of importance were as follows: Carcinoma of sigmoid Date of onset _____

Intestinal obstruction

Other contributory causes of importance: 4/4

Name of operation _____ Date of 4/4
What test confirmed diagnosis Culture Was there an _____

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?

If so, specify _____

(Signed) _____

(Address) _____

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.

JAN 8 1924

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M. D.

