

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1000**

City **St. Louis**

(No. **Barnes Hospital**)

St.

Ward)

10128
File No.
Registered No. **2142**

2. FULL NAME

Margaretta Brown

(a) Residence, No. **4217 Lake** St., **12** Ward.

(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-6-1869**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Artist 19' 10'**

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) **St. Louis** (STATE OR COUNTRY) **Missouri**

13. NAME **B. Gratz Brown**

14. BIRTHPLACE (CITY OR TOWN) **Frankfort** (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Mary Gurn**

16. BIRTHPLACE (CITY OR TOWN) **Jefferson City** (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mr. Leslie Davis**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Oak Hill** DATE **March 5, 1932**

19. UNDERTAKER **Wagoner**

(ADDRESS) **362 Ave. B**

20. FILED **APR -5 1932**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 4, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **2-27**, 19**32**, to **3-4**, 19**32**

I last saw h **W.** alive on **3-4**, 19**32** Death is said

to have occurred on the date stated above, at **4:10 p.m.**

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

Encephalitis Chronic
Bronchial Pneumonia
Encephalitis non epidemic

Other contributory causes of importance:

Name of operation **(1078)** Date of..... **(1)**

What test confirmed diagnosis?..... Was there an autopsy?.....

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 **Frederic E. Walton**, M. D.

(Signed) **Frederic E. Walton**, M. D.

(Address) **600 Street, St. Louis, Mo.**

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.

