

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

Do not use this space.

8187

1. PLACE OF DEATH

County Jackson
Township Paul
City Kansas City

Registration District No. 399
Primary Registration District No. 3001

File No. _____
Registered No. 1000
St. _____ Ward _____

2. FULL NAME

Brown George

(a) Residence No. 520 Broadway Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | White | Widowed

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

✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>67</u>	<u>6</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown 131
(b) General nature of industry, business, or establishment in which employed (or employer) 139
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____

(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____

(STATE OR COUNTRY) Iowa

14. INFORMANT

Reverend Clerk
(Address) K C Genl Hosp

15. FILED

3/11 27 M.M. Kerowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-8 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-3 1927 to 3-8 1927 that I last saw him alive on 3-8 1927 and that death occurred, on the date stated above, at 12:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis and Prostatitis - Cystitis with vesicle fistula
(duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) Myocarditis, Chronic
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129th
(IF NOT AT PLACE OF DEATH) _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Gen Findings

(Signed) George J. Lee M. D.

3-9 1927 (Address) Asst Supt K C Genl Hosp

*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 Brookings DATE OF BURIAL 3-11 1927

20. UNDERTAKER O. V. Mast ADDRESS City

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.

