

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

Do not use this space.

21565

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Hann Primary Registration District No. 1002
City K.P. (No. 3119 Oak St)

File No. _____
Registered No. 2012
St. 2012 Ward _____

2. FULL NAME

Ms Violet L Brown
(a) Residence, No. 3119 Oak St., _____ Ward. _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6th 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>51</u>	<u>11</u>	<u>18</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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) mo

10. NAME OF FATHER no data

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no data

12. MAIDEN NAME OF MOTHER Liza Buxton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

14. INFORMANT J M Brown (Address) 3119 Oak

15. FILED 7-25-27 19. M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/24/27 19 27

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____ that I last saw her alive on _____ and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
122A
92A
_____ (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Endocarditis (SECONDARY) (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 3119 Oak St KCMO
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) Wm Carbaugh M.D.

7/25, 19 27 (Address) 470 Luyke St KCMO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wheaton Mo DATE OF BURIAL 7/25

20. UNDERTAKER W. F. Mayberry Co ADDRESS Cl

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

Dr Glenn Carbaugh
531 Argyle Bldg.
Sep 8 30