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.

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

Do not use this space.

36815

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 25
Township Kaw — Primary Registration District No. 1002 — Registered No. 1
City Kansas City (No. 126 N. Belmont St. Ward)

2. FULL NAME Mattie E. Brown
(a) Residence. No. 126 N Belmont 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 28 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J Baxter Brown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4, 1858
7. AGE Years 69 Months 10 Days 3 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Penn.
PARENTS
10. NAME OF FATHER John H Kellar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Barbara Waggoner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
14. INFORMANT Frank B Brown (Address) 126 N. Belmont
15. FILED 12/8, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1927
17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Dec 7, 1927 that I last saw her alive on Dec 6, 1927 and that death occurred, on the date stated above, at 6 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97 / 8 91B
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Dementia Praeox
(duration) yrs. 6 mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. P. St Clair, M. D
12/7, 1927 (Address) 5242 St John

*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 Elmwood — DATE OF BURIAL 12-8 1927
20. UNDERTAKER D H Newcomer's Sons — ADDRESS K. C. Mo.

(~~[illegible]~~)
1 Gen ~~[illegible]~~ 0423
101 [illegible]