

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

Do not use this space.

13644

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Town How Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 518) Clairmont St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2031  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 518 Clairmont St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 9 How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8, 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27 2 20

**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) St. Joseph, Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wm.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maggie Ann

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

14. INFORMANT Robert Buchanan  
 (Address) 1000 New Jersey St.

15. FILED 5/7, 1928 M. M. Craue REGISTRAR  
act

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/28 19 28

17. I HEREBY CERTIFY that I attended deceased from April 27, 1928 to April 28, 1928 and that I last saw alive on April 27, 1928 and that death occurred, on the date stated above, at \_\_\_\_\_.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
228 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Hemorrhages  
31 (duration) yrs. mos. 8 da.

18. WHERE DISEASE CONTRACTED 31  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DURIN OPERATION PRECEDE DEATH. No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHICH TEST CONFIRMED DIAGNOSIS? Physi  
 (Signed) Phys. J. J. Jones, D  
5/12/28 (address) 1612 E 17 St

\*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 Blue Ridge Lawn DATE OF BURIAL 5/8 19 28

20. UNDERTAKER Nathans Bros ADDRESS 1729 Lydia

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.

THIS IS A PERMANENT RECORD

L. A. Jones.