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

Do not use this space.

1645

File No. 236

Registered No. .....

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No.) 1215 Woodland St. (Ward)

Registration District No. 309
Primary Registration District No. 4004

2. FULL NAME Rosa Lee Brown

(a) Residence. No. 1215 Woodland St., 2 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 - 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	5	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Girl
(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) Ala

PARENTS

10. NAME OF FATHER Louis Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Amanda Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Miss

14. INFORMANT Amanda Brown
(Address) 1215 Woodland

15. FILED 1-17, 1929 M M Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 9, 1929, that I last saw h... alive on Jan 9, 1929, and that death occurred, on the date stated above, at 8:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
9 D A
10 D A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Orla Jackson, M. D
1-11, 1929 (Address) 573 Commerce

*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	DATE OF BURIAL
Helena Ark.	1-18-1929
20. UNDERTAKER H B Moore	ADDRESS 1920 E 18

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.