

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

Do not use this space.

1850

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 143

Registered No. 143

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 6830 Edgemoor Rd. 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

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

Frank L Brown

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

March 14, 1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

44

10

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Mexico
mo.

10. NAME OF FATHER

Wm D Fraser

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Engelbe Betz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

W.V.

14.

INFORMANT
(Address)

Frank L. Brown
6830 Edgemoor Rd

15.

FILED

1-29-29 M. M. Lyons
Asst

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 28 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 25, 1929

that I last saw her alive on Jan 23, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Renal arteriosclerosis
121R
129

CONTRIBUTORY (SECONDARY)

Repeated appendix

18. WHEN WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 23, 29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Stanley M. Hae, M. D.

1-29, 1929 (Address) 531 Pryor St. Mo

*State the DISEASE CAUSING DEATH, or in death 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

Mexico, Mo. Jan 30 1929

20. UNDERTAKER

ADDRESS

S. H. Newcomer's Sons K. C. Mo

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.

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2

2000

3-00

~~61~~
~~4 2~~
~~8 6~~