

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

Do not use this space.

6568

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 755
Registered No. 755
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 240 S. Charlotte St. 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48¹ 7 21

8. OCCUPATION OF DECEASED Employed
(a) Trade, profession, or particular kind of work Employed
(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Steam Eye Works
(c) Name of employer 2631 6⁹ St.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Mike Brownlee

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ma Bertha Etta Brownlee
(Address) 240 S Charlotte

15. FILED 2/13 1929 M M Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10³⁰ A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortitis

CONTRIBUTORY (SECONDARY) 9/10/2

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

Did an OPERATION PRECEDE DEATH? No. DATE OF _____

19. WAS THERE AN AUTOPSY? yes WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Henry M. Deane, M. D. 2/11, 1929 (Address) Deputy Coroner

*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
Maple Hill Febr 13. 1929

20. UNDERTAKER ADDRESS
Egyptian Funeral Home 1800 Linnwood

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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