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

Do not use this space. 10943

~~10~~893

1. PLACE OF DEATH
County Jackson
Township Dow
City Kansas City (No. 53 & Highland St. Ward)
Registration District No. 390
Primary Registration District No. 1002
File No. 1454
Registered No. 1454

2. FULL NAME William Brown
(a) Residence. No. 53rd & Highland Ave St., 15 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5 Nov. 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~1853~~	76	4	19	

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

262 131 92

9. BIRTHPLACE (CITY OR TOWN) Limmerick
(STATE OR COUNTRY) Ireland

15

PARENTS

10. NAME OF FATHER Garrett Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Bridget Cunnighan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

15

31

14. INFORMANT Little Sisters of the Poor
(Address) 53rd & Highland Ave. K. C. Mo.

15. FILED 3/25, 1929 M. M. Crowe Sr. Inelda
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from June [illegible], 1928, to Mar. 24, 1929, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis & chronic nephritis
Sucrosis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 a (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? P. E.
(Signed) A. Sack-Bonitz M. D
3/25, 1929 (Address) 1034 Argyle Wash

*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 Mt. St. Mary's
DATE OF BURIAL 3/25 1929

20. UNDERTAKER Lucy C. Robin Co.
ADDRESS 1004 Linwood

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD