

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

Do not use this space.

27894

1. PLACE OF DEATH 399
 County Jackson Registration District No. 2003
 Township Kansas City Primary Registration District No. 2003 File No. 3586
 City 2732 Roanoke Rd St. Roanoke Ward 2
 2. FULL NAME Marvin J. Brown
 (a) Residence. No. 2732 Roanoke Rd Ward. 2
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Lois C. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>6-11-1848</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAY <u>28</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Stockman</u> (c) Name of employer.		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>		
PARENTS	10. NAME OF FATHER <u>Ale Brown</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
14. INFORMANT <u>Mrs. W. A. Coffey</u> (Address) <u>2732 Roanoke Rd</u>		
15. FILED <u>8/23/29</u> <u>M. M. Crowe</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/19 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/19, 1929, to 8/22, 1929, that I last saw him alive on 8/22, 1929, and that death occurred, on the date stated above, at Roanoke, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
97 (duration) yrs. mos. ds.
 CONTRIBUTORY Arterio sclerosis
 (SECONDARY) (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? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? history, inspection
 (Signed) Stanley M. Hall, M. D.
8/22, 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
Leavenworth, Mo. DATE OF BURIAL 8/22 1929

20. UNDERTAKER
Freeman Mortuary
104 W. 42nd ADDRESS

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.

133
2
31

