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

Do not use this space.
27939
3632

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City No. 2446 Mich. St. Ward
Registration District No. .....
Primary Registration District No. 399
4002

2. FULL NAME: Brown Infant Ward
(a) Residence. No. 2446 Michigan St., Kansas City
(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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): New Born

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 23, 1929

7. AGE: Years ___ Months ___ Days 1½ hrs. If less than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: New Born
(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): Kansas City Mo.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Brown Mae Jerry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

14. INFORMANT: Mae Ferne Brown
(Address): 2608 E 53rd St.

15. FILED: 8/26 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-23 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1929, to Aug. 23, 1929, that I last saw h. alive on Aug. 23, 1929, and that death occurred, on the date stated above at 11:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
(duration) 1½ hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Premature births
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home.
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No DATE OF Aug. 23, 1929.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed) D. Norval Lockhart, M. D.
8 26, 1929 (Address) 1716 E. 12th St.

*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: Leeds Farm
DATE OF BURIAL: 8-27 1929

20. UNDERTAKER: West Appleton & Jones
ADDRESS: 1600 E 18th St.

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.

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