

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

Do not use this space.

30949

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. St. Mary's Hospital) File No. \_\_\_\_\_  
 Registered No. 3374 Ward \_\_\_\_\_

**2. FULL NAME** George Edwin Brown

(a) Residence. No. 3926 Summit St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 3 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - -				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 11th, 1854</u>				
7. AGE YEARS <b>-75-</b>	MONTHS <b>-4-</b>	DAYS <b>-12</b>	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer - retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer <u>Self</u>				

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) New York

10. NAME OF FATHER Thomas Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Sarah Higginbottom

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) England

14. INFORMANT Thomas Brown  
 (Address) 3817 Penn

15. FILED 9/23, 1929 M. M. Crowe  
 REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21st 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 18 1929 to Sept 21 1929  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 7:05 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Stomach  
160  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) none  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? I understand so -

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic  
 (Signed) J. W. Campbell M. D.  
Sept 21, 1929 (Address) KCMO

\*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 Fulton, Kansas DATE OF BURIAL Sept 23 19 29

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS Kansas City Mo

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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