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

Do not use this space.

8650

1. PLACE OF DEATH
County Jackson Registration District No. 299
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2924 Jarboe St. Ward)
File No.
Registered No. 1027

2. FULL NAME Carl Brown Jr.
(a) Residence. No. 2924 Jarboe 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1906
7. AGE 18 YEARS MONTHS 8 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School
(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

PARENTS
10. NAME OF FATHER Carl Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Nettie Walton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Carl Brown
(Address) 2924 Jarboe

15. FILED 3/7 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1930
17. I HEREBY CERTIFY, That I attended deceased from July, 1929, to March 5, 1930 that I last saw him alive on March 5, 1930, and that death occurred, on the date stated above, at 8 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary edema
85
1118
(duration) 24 hours yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Status epilepticus
(duration) yrs. mos. 5 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? Neurological examination
(Signed) Marvin L. Bills M. D
3/6, 1930 (Address) 1111 Rialto Bldg.

*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 Wallace Cemetery
DATE OF BURIAL 3-7 1930
20. UNDERTAKER Kirkman Watkins
ADDRESS 1528 N 5th

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.

THIS IS A PERMANENT RECORD