

DEC 22 1930

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

Do not use this space.

36466

1. PLACE OF DEATH

County Jackson Registration District No. 400 File No. \_\_\_\_\_  
Township Prairie Primary Registration District No. 4285 Registered No. 155  
City Lee Summit (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Siggie M. Brown  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF J. W. Brown.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1879

7. AGE YEARS MONTHS Days If LESS than 1 day, ..... hrs. or ..... min.  
51 6 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work home maker  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Table Grove Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Melville A. Kinne.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Table Grove Ill.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary A. Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Table Grove Ill.  
(STATE OR COUNTRY)

14. INFORMANT Mrs Ida Wright  
(Address) Phoenicia, Mo.

FILED Nov 24 1930 James Fields REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1930, to Nov. 22 1930, that I last saw her alive on Nov. 22 1930 and that death occurred, on the date stated above, at 4:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

3  
Uremia chronic  
Interstitial nephritis  
secondary (duration) several yrs. mos. ds.  
CONTRIBUTORY cerebral hemorrhage  
(SECONDARY) (duration) 10 yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory  
(Signed) A. G. Duran, M. D.

\*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 Lee's Summit Mo DATE OF BURIAL 11-24 1930

20. UNDERTAKER Fields James C. Lee's Summit Mo. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT

