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.

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

Do not use this space.

39700

File No.

Registered No. 5275

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City, Mo (No. 2426 Monroe Avenue St. Ward)

2. FULL NAME Mrs. Elizabeth Anna Brown

(a) Residence. No. 2426 Monroe St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
X ~~HUSBAND OF~~ (OR) WIFE OF William T. Brown, Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	58	3	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Anthony Hulskamp

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Geiss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT W.T.Brown, Sr
(Address) 2426 Monroe Ave.

15. FILED 1/31, 1930 M. M. Crowe REGISTRAR
Asst

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31, 30 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1930 to Dec 31st, 1930 that I last saw her alive on Dec 31st, 1930, and that death occurred, on the date stated above, at 9:10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombus of Cerebral Vessels Base of Brain
82B
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Insanitions
General weeks
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo T Hamel M. D.
Dec 31st, 1930 (Address) 900 Realty 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	DATE OF BURIAL
Memorial Park Cemetery	1/2/31 19

20. UNDERTAKER	ADDRESS
Freeman Mortuary, 1o4	W 42nd St.