

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

Do not use this space.

5548

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Law Primary Registration District No. _____
City K. C. Mo. No. 2005 Indiana St. _____ Ward _____

File No. _____
Registered No. 1538
St. _____ Ward _____

2. FULL NAME Harry A. Brown

(a) Residence. No. 2005 Indiana St. 11 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 Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Ida Helen Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec - 9 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 1 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work City Employ
(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) N. Y.

10. NAME OF FATHER Harry A. Brown

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

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no record
(STATE OR COUNTRY)

14. INFORMANT Mrs. Ida Helen Brown
(Address) 2005 Indiana K.C. Mo

15. FILED 2/10 1931 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 8, 1931.
that I last saw dead alive on Feb 7, 1931, and that death occurred, on the date stated above, at 3: p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
1928
77 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107 W
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) W. R. Forster, M. D.

2/10 1931 (Address) 1529 Luster

*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 Forest Hill DATE OF BURIAL Feb 10 19 31

20. UNDERTAKER Mrs. C. E. Forster ADDRESS R. C. M.

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.

15-12-1964

Be 2865