

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

Do not use this space.

14454

1. PLACE OF DEATH

County Jackson Registration District No. 392 File No. _____
 Township Raw Primary Registration District No. 3002 Registered No. 1374
 City Kansas City (No. St. Luke's Hospital) Ward _____

2. FULL NAME

Frank Lavenport Brown
 (a) Residence. No. Bristow, Okla. 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. mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Margaret Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
73

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) (Merchant Seal)
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mississippi

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT William C. Brown
 (Address) Bristow, Oklahoma

15. FILED 4/29, 1931 M. M. Crowe
 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-29, 1931, to 4-29, 1931, that I last saw him alive on 4/29, 1931, and that death occurred, on the date stated above, at 12:5 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
52 (Broncho pneumonia)
55E (duration) yrs. mos. 4 ds.
107A. Carcinoma of Face nose
 CONTRIBUTORY (SECONDARY) Orbit (duration) 1 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown
 AND AN OPERATION PRECEDE DEATH. Yes DATE OF 4-22-31
 WAS THERE AN AUTOPSY? Yes
 WHOSE TEST CONFIRMED DIAGNOSIS? Gross Inspection
4/29 (Signed) Francis C. Helwig M. D.
4/29 : 1931 (Address) St. Lukes Hosp

*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 Bristow, Okla DATE OF BURIAL Apr 29 1931

20. UNDERTAKER D. H. Newcomer's Sons ADDRESS N. C. 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.

