

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.

18218

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas

Registration District No. 399
Primary Registration District No. 1082
(No. Gen Hosp # 2)

File No. _____
Registered No. 2350
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 401 Claremont St., W. 9 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 <u>F</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	
		DAYS
		IF LESS than 1 day,hra. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Laundress</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>2nd</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Ottawa, Kansas
(STATE OR COUNTRY) 2

10. NAME OF FATHER Geo. Brown

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

12. MAIDEN NAME OF MOTHER Millie Patterson

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

14. INFORMANT Mary Johnson
(Address) 1321 E. 5th St.

15. May 27, 1931 M. M. Crowe
REGISTRAR ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-23 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-21 1931, to 5-23 1931, that I last saw him alive on 5-22 1931, and that death occurred, on the date stated above, at 6:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac insufficiency
105
95/105 (duration) yrs. mos. ds.
CONTRIBUTORY rachetomy - edema
(SECONDARY) of larynx (duration) yrs. mos. ds.

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

2. DID AN OPERATION PRECEDE DEATH? yes DATE OF 5-22-31

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) D. M. Miller M.D.
5/27, 1931 (Address) General Hospital #2

*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 Maple Hill DATE OF BURIAL 5-28 1931

20. UNDERTAKER J. L. Brown ADDRESS 1820 E 18th

