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

Do not use this space.

31187

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No. 31187
Township Kaw — Primary Registration District No. 1002 — Registered No. 3679
City Kansas City, Mo (No. ..... Trinity Lutheran Hosp. St. ..... Ward)

2. FULL NAME Charles W. Brown
(a) Residence. No. ..... St., ... Ward. Belleville, Ill
(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: 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~~ Della W. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	6	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah J. Felt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York.

14. INFORMANT Della W. Brown
(Address) 101 No. Mo. Ave. Belleville, Ill

15. FILED 9/3, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-2- 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 30- 1931, to Sep 2, 19.., that I last saw him alive on Sep 2, 1931, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrenous appendicitis
121
1219
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Diffused Peritonitis
About 4 days (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Excelsior Springs Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 30-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical
9/3 (Signed) Geo B. Norberg, M. D
1931 (Address) 910 Rialto 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: Belleville, Ill — DATE OF BURIAL: 9-3- 1931

20. UNDERTAKER: Freeman Mortuary — ADDRESS: K.C. Mo

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.