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.

34689

File No. 4422

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo (No. Mercy Hospital St. Ward)
Registration District No. 3 [illegible]
Primary Registration District No. [illegible]

2. FULL NAME Doris Brown -
(a) Residence, No. 2414 Ind. Ave 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1929
7. AGE YEARS 2 MONTHS 5 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emporia Kans

FATHER
13. NAME John Brown -
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emporia, Kansas -

MOTHER
15. MAIDEN NAME Marie Hinchey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Nebraska

17. INFORMANT (ADDRESS) Father John Brown 2414 Ind Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11-3 1931
19. UNDERTAKER (ADDRESS) P. B. Lapetina K C Mo
20. FILED 11/3 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/29/31, 19..., to 10/31/31, 19...
I last saw her alive on 10/31/31, 19... Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-31-31
59	
133A	
107A	
59	
Other contributory causes of importance:	
Diabetes mellitus	?
Pyelitis	
Bilat. Otitis media	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. M. Howard, M. D.
(Address) W Mercy Hospital