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.
37937

1. PLACE OF DEATH
County Jackson — Registration District No. 359
Township Kaw — Primary Registration District No. 106 — File No.
City Kansas City, Mo. No. General Hospital #2 St. Ward) — Registered No. 1359

2. FULL NAME Brown, John
(a) Residence, No. 18th Wine St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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: aa
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Saw & Tool Co
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) Texas

FATHER
13. NAME Thomas, John
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Sophie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Record Clerk
(ADDRESS) Gen. Hosp No. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Laun DATE Dec 8th 1931

19. UNDERTAKER Wutzlitzer & Jones
(ADDRESS) 1606 E 63rd St

20. FILED 12/7 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1931, to 11-27, 1931
I last saw h. alive on 11-27, 1931. Death is said to have occurred on the date stated above, at 10:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
121B	
93D	121

Other contributory causes of importance:
Myocardial Insuff

Name of operation none Date of —
What test confirmed diagnosis? Clin & Lab Was there an autopsy? No

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? No
If so, specify
(Signed) D. M. Miller, M. D.
(Address) Gen Hosp No 2 Kansas City Mo.