

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

Do not use this space.

1082

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 15th & Wood)

Registration District No. 389
Primary Registration District No. 190

File No. 120
Registered No. 5
St. 120 Ward

2. FULL NAME

Merrin Brown
(a) Residence, No. 1517 E. 17th St., 4 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 mo 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) Jan 11, 1932 11. Total time (years) spent in this occupation 28 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winstonia Mo

13. NAME James Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Nancy Wisely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Killie Anderson 1615 W. Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Jan. 14, 1932

19. UNDERTAKER (ADDRESS) W. K. Kline, Bros. 2000 E. 12th St.

20. FILED Jan 13, 1932 M. M. Corwie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-32

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him live on Deputy Coroner 1932 Death is said

to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Accidents - Fall -
(In street) Head struck
curb
Other contributory causes of importance: 141
Cerebral Hemorrhage

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) Deputy Coroner M. D.

(Address)

