

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

Do not use this space.

8468

1. PLACE OF DEATH

County JACKSON Registration District No. 399 File No. 1049
 Township KAW Primary Registration District No. 6002 Registered No. 1049
 City KANSAS CITY (No. 3608, INDEPENDENCE AVE. St. _____ Ward _____)

2. FULL NAME ELLA BOGART BROWN

(a) Residence, No. 3608 INDEPENDENCE AVE St. _____ Ward _____

(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 4-1853

7. AGE YEARS 78 MONTHS 9 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) WISCONSIN 2

13. NAME BOGART BROWN

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

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 31

17. INFORMANT R. A. BROWN (ADDRESS) 4007 HARRISON

18. BURIAL, CREMATION, OR REMOVAL PLACE MT WASHINGTON DATE MCH 14 1932

19. UNDERTAKER NEWCOMER'S SONS (ADDRESS) 517 1/2 N. 3rd

20. FILED 3/13 1932 W. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MCH 12 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 12, 1932

I last saw him alive on March 12, 1932 Death is said

to have occurred on the date stated above, at 12⁰⁰.

The principal cause of death and related causes of importance were as follows:

Myocardial Date of onset 930 (chronic)
1320

Other contributory causes of importance:

chronic

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 1, 1932

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) E. Kelly M. D.
(Address) 402 Washington Ave

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.

