

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

Do not use this space.

39776

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City Kansas City mo (No. 5217, Norledge St. 4783 Ward)
 2. FULL NAME Mrs. Madge Brown
 (a) Residence, No. 5217 Norledge St., 10 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ray E. Brown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-25-1895</u>				
7. AGE	YEARS <u>37</u>	MONTHS <u>5</u>	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>Robt. L. Moore</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Mammie Jephimia Carter</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Mr. James L. Moore</u> (ADDRESS) <u>5217 Norledge</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Dec. 17</u> , 19 <u>32</u>				
19. UNDERTAKER <u>A. P. Doehler</u> (ADDRESS) <u>1415 East 13</u>				
20. FILED <u>12-16</u> , 19 <u>32</u> <u>M. M. Crowel</u> <u>act</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-10, 1932, to Dec-14, 1932
 I last saw h. p. alive on Dec-14, 1932 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:
Lobar pneumonia 17/10/32
IIA
IOX
 Other contributory causes of importance: La Grippe 17/4/32

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinic 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) Frank S. Evans, M. D.
 (Address) 804 Maple Bldg

WRITE CLEARLY, 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.

