

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

Do not use this space.

1708

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 408

City Kansas City (No. 3537)

Hardisty St. 14 Ward

File No. 422

Registered No. 422

2. FULL NAME

(a) Residence, No. 3537 Hardisty St. 14 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 days 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 5

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

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) Kansas City Missouri

13. NAME Arthur Brown

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

15. MAIDEN NAME Christina Pottee

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

17. INFORMANT Christina Brown (ADDRESS) 3537 Hardisty

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Jan 28 1933

19. UNDERTAKER Adkins Bros (ADDRESS) 2005 E. 12 St.

20. FILED Jan 27 1933 M. D. amr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 18, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 13 1933, to Jan 18, 1933
I last saw him alive on Jan 17 1933. Death is said to have occurred on the date stated above, at 6 P. m.

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

Asphyxia Pallida Date of onset 1-13-33
Exonptorium
160B
161B 16016

Other contributory causes of importance:
Prolonged dry
Chxvz

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

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) F. E. Williams, M. D.
(Address) 1213 Tasev

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.

