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.

NOV 10 1933

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

Do not use this space.

33115

File No. 4049

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 24 Linwood Terrace St. Ward)

2. FULL NAME Margaret Louise Brown

(a) Residence, No. 24 Linwood Terrace St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 24, 1919

7. AGE: YEARS 13 — MONTHS 11 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): St. Louis Missouri

FATHER

13. NAME: Veral W. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

MOTHER

15. MAIDEN NAME: Merle M. Gravely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fayette Missouri

17. INFORMANT (ADDRESS): Mrs. Merle M Brown 24 Linwood Terrace

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Augusta, Kansas DATE Oct 14, 1933

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED Oct 14, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from AUG 30, 1933, to OCT 13, 1933

I last saw her alive on OCT 13 9PM, 193 Death is said to have occurred on the date stated above, at P m. 10:40

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

RHEUMATIC HEART DISEASE

95

56E

91A

91 a 1

Date of onset

Other contributory causes of importance:

RHEUMATIC FEVER

SUB-ACUTE BACT ENDOCARDITIS

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ 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?

If so, specify

(Signed) Edward Cavanaugh M. D.

(Address) 801 Shukert Bldg K City Mo.

Dr. J. Edwa[illegible]
801 Shukert Bldg