

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

Do not use this space.

36585

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Blair Primary Registration District No. 2002
 City Kansas City (No. 5106) 62 2002

File No.
 Registered No. 4505
 St. Ward)

2. FULL NAME

(a) Residence, No. 5106 22 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lycurgus Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1888
 7. AGE YEARS 75 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Louisiana

13. NAME David S. English

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

15. MAIDEN NAME Marie Kessler

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

17. INFORMANT David W. Beall
 (ADDRESS) 422 Warner Plaza

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Moriah DATE Nov-17-33

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 918 Brookway Ave

20. FILED Nov 17 33 M. M. Crowl
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1933 to Nov 17 1933

Last saw or alive on Nov 14 1933. Death is said

to have occurred on the date stated above, at 11:15 P.

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

Broncho-Pneumonia Date of onset 11-12-33

95 B

107A

Other contributory causes of importance: Cardiac Distress

Name of operation none 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?

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) M. M. Crowl, M. D.

(Address) 1329 Lister Ave

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.

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RECORD

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