WHITE PERMANENT, 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.

JAN 26 1934

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

Do not use this space.

36846

File No.

Registered No. 55

1. PLACE OF DEATH

County: Jackson

Township: ~~Law~~ Washington

City: Kansas City (No. Dallas, Missouri St. Ward)

Registration District No. 404

Primary Registration District No. 3-8-85

2. FULL NAME: Thomas Albert Brown

(a) Residence, No. St., Ward. Dallas, Mo.
(Usual place of abode) (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Rosetta Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10, 1870

7. AGE: Years 63 | Months 2 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER

15. MAIDEN NAME: No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): Mrs. Rosetta Brown, Dallas, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Santa Fe Cem. DATE: Dec 2, 1933

19. UNDERTAKER (ADDRESS): Hunt & McClure, 3235 Belleflower Blvd

20. FILED: 12-2-1933 B. F. Drummond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933, to Nov 30, 1933

I last saw him alive on Nov 30, 1933. Death is said to have occurred on the date stated above, at P. m. 6:15

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

Uremia Poisoning — Date of onset

Primary Pelvic Cancer — Chronic

94B

94H

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Clinical 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) B. F. Drummond, M. D.

(Address) Martin City, Mo.

[illegible] Berg