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.

JUN 24 1935

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

Do not use this space.

13148

1. PLACE OF DEATH
County Jackson — Registration District No. 94-1 — File No.
Township Kaw — Primary Registration District No. 1[illegible] — Registered No.
City K.C. Mo (No. Mercy Hospital St. [illegible] Ward)

2. FULL NAME Virginia Lee Brown
(a) Residence, No. 1423 Holmes K.C. St. Mo. Ward.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20, 1933

7. AGE: YEARS 1 — MONTHS 5 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Mo

FATHER
13. NAME George Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Louella Welcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Clinton Welcher 5919 Independence

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE 5-2 1935

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave

20. FILED 5-2 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-18- 1935, to 4-30- 1935
I last saw her alive on 4-30- 1935. Death is said to have occurred on the date stated above, at 8:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent bronchopneumonia c̄ empyema (left)	4/18/35
Acute fibrinopurulent pericarditis and acute myocarditis	
Other contributory causes of importance:	
acute parenchymatous nephritis	4/29/35
Bilateral otitis media	4/1/35

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Clyde L. Randall, M. D.
(Address) Mercy Hospital