

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.

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

Do not use this space.

AUG 20 1935

23057

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Frank Primary Registration District No. 1002
City Lamassee No. KC 401150P

File No.
Registered No. 2197
St. Ward)

2. FULL NAME

Linda Belle Brown

(a) Residence, No. 588 W 21st 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1935, to 7-10, 1935.
I last saw her alive on 7-10, 1935. Death is said to have occurred on the date stated above, at 2:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 1935

The principal cause of death and related causes of importance were as follows:
Intussusception.
Postoperative shock
12 7 18

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 4 28

Date of onset
Other contributory causes of importance:
Abuse of alcohol

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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

13. NAME Palmer Brown

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

15. MAIDEN NAME Eletia Gordon

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

17. INFORMANT (ADDRESS) Reverend Clerk
KC 401150P

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 7-11-35, 1935

19. UNDERTAKER (ADDRESS) Peter B. Kapetina
K.C. Mo

20. FILED July 11, 1935 M. M. Brown
Registrar

Name of operation 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? 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) J. J. [Signature], M. D.
(Address)

