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.

NOV 25 1935

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

Do not use this space.

33028

1. PLACE OF DEATH

County JACKSON Registration District No. 400 File No.

Township PRAIRIE Primary Registration District No. 5553B Registered No. 209

City (No. JACKSON COUNTY HOME St. Ward)

2. FULL NAME CAREY LUTHER BROWN

(a) Residence, No. 4311 - CHESTNUT St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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 unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY. 11. 1874

7. AGE

| Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 61 | 3 | 12 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CROWE GROCERY STORE

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DUBLIN KENTUCKY

FATHER

13. NAME TOM BROWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. KENTUCKY

MOTHER

15. MAIDEN NAME BETTY FELTS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. KENTUCKY

17. INFORMANT MRS VIRGIL JETER
(ADDRESS) 4311 CHESTNUT ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DUBLIN, KENTUCKY DATE OCTOBER 24, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Nov 1, 1935 William T. Fields
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER - 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 1, 1935, to 10/23, 1935

I last saw h— alive on 10/21, 1935 Death is said to have occurred on the date stated above, at 9:30 Am.

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

| | Date of onset |
|---|---|
| Mitral regurgitation | |

Other contributory causes of importance:

Name of operation 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? No

If so, specify

(Signed) J. J. Greene, M. D.

(Address) Independence, Mo

Dr. John N. [illegible]
4th floor National Bank Bldg.
~~5:30-6~~ 11:30-12:30; 3:30-5:30