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.

AUG 24 1936

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

Do not use this space.

26816

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3487
Township Kaw — Primary Registration District No. 1002 — Registered No. 3407
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Mattie Lee Brown
(a) Residence, No. 1007 Park Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. E Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1865
7. AGE YEARS 70 MONTHS 9 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. House Work
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) Rochefort Mo

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U

MOTHER
15. MAIDEN NAME Mattie Lee Elkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochefort Mo

17. INFORMANT (ADDRESS) Mrs Fern Brown 1007 Park Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 27 1936
19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W Linwood
20. FILED July 26 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1935 to July 24, 1936
I last saw her alive on July 23, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	

Other contributory causes of importance: None

Name of operation None Date of July 23 1936
What test confirmed diagnosis Tissue 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) John O Skinner M. D.
(Address) 1402 Bryant Bldg