

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

Do not use this space.

R. H.
30903

SEP 28 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kau Primary Registration District No. 1007
 City K.C. Mo (No. K.C. General Hospital St. Ward)

File No. 30903
 Registered No. 3699

2. FULL NAME

May Brown
 (a) Residence, No. 3417 Flora, ave., St. 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 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) Helen Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1904

7. AGE YEARS 32 MONTHS 6 DAYS 23 If LESS than 1 day,hrs.min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Dept
 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

13. NAME Edgar B. Brown

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

15. MAIDEN NAME Ollie Thomas

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

17. INFORMANT (ADDRESS) Mrs Helen Brown 3417 Flora

18. BURIAL, CREMATION OR REMOVAL PLACE Floral State DATE Aug 17 36

19. UNDERTAKER (ADDRESS) W. H. ...

20. FILED 11, 19 36 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 10 - 36

22. I HEREBY CERTIFY That I attended deceased from to , 19

I last saw the deceased on , 19 . Death is said to have occurred on the date stated above, at 3:30 AM

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

Automobile Trauma
Inact. Skull
Meningitis Streptococci
 Other contributory causes of importance:

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 5-1-36
 Where did injury occur? near Kansas Mo. Col. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile Trauma
 Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Russell W. Sten, M. D.
 (Address)

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.

