

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 16 1936

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

Do not use this space.

37604

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township JACKSON Primary Registration District No. 100
City Kansas City No. SK Joseph Hospital St. _____ (Ward)

File No. _____
Registered No. 4454

2. FULL NAME

Marcy K Brown
(a) Residence, No. 4426 Mill Creek Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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 Blanche T Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-31-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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) Clarksburg Iowa

13. NAME Clark Brown

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

15. MAIDEN NAME Unknown Barrett

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

17. INFORMANT Mrs Blanche T Brown
(ADDRESS) 4426 Mill Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Wash DATE Oct 8/11/36

19. UNDERTAKER New Comer's Sons
(ADDRESS) Kansas City Mo

20. FILED Oct 6 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-6-1936

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1936 to 10/6, 1936
I last saw him alive on 10/5, 1936 Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Intestinal hemorrhage Date of onset 10/5/36

Other contributory causes of importance:
Probably Coronary of aged

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) Samuel M. D.
(Address) 734 Argyle St

W. J. Park - Head 320-5
736 Argyle Bldg