

APR 8 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Luke's Hospital)

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

Esther Brown

(a) Residence, No. _____ St. _____ Ward. Winwood Lake, Mo.

(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 Female 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 Morgan L. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 7, 1865

7. AGE YEARS 71 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Indiana

FATHER
13. NAME Elliott Sharp

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

MOTHER
15. MAIDEN NAME Esther English

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

17. INFORMANT Lewis H. McArthur (ADDRESS) 5538 Euclid, Kansas City, Mo.

18. BURIAL, CREMATION OR REMOVAL Memorial Park Cem. PLACE Kansas City, Mo. DATE March 27, 1937

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED 3-27-37 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to March 25, 1937
I last saw her alive on March 25, 1937. Death is said to have occurred on the date stated above, at A. m. 11:25
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocardial Degeneration
93C
Other contributory causes of importance: 1
Chronic Bronchitis

Name of operation none Date of _____
What test confirmed diagnosis? usual 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. E. Huppert, M. D.
(Address) 934 E. 13th St.

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.

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