

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

Do not use this space.

MAY 15 1937

15083

1. PLACE OF DEATH -

County Jackson
Township Kaw
City K.C.MO.

Registration District No. 399
Primary Registration District No. 4305 Washington 1002

File No. _____
Registered No. 1629 (Ward)

2. FULL NAME Inf. Frank Brown

(a) Residence, No. 4305 Washington 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-26-36

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Kansas City, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Frank Brown

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

MOTHER 15. MAIDEN NAME Bernice Pernell

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

17. INFORMANT Frank Brown
(ADDRESS) 4305 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 4/5/37

19. UNDERTAKER H. B. Moore
(ADDRESS) 1820 18th St. K.C.MO.

20. FILED 45 1937 M. M. Crowe, Reg.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3rd 37

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 3, 1937

I last saw him alive on April 3, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Brain by pneumonia (Primary)
Date of onset

Other contributory causes of importance:

Inanition

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 _____, 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) C. A. McNamee, M. D.

(Address) 1612 E. 12

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.

Dr C. Kane

1612 E. 12th St

Ha. 6336