

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

Do not use this space.

15302

MAY 15 1937

1. PLACE OF DEATH JACKSON
 County Kaw Registration District No. 399
 Township Kansas City Primary Registration District No. 1002
 City Kansas City (No. 2829 Holly) St. Holly Ward

2. FULL NAME Arthur George Brown
 (a) Residence, No. 2829 Holly 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1934

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
2	10	18	

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) Kansas City, MO.

FATHER

13. NAME Arthur Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MO.

MOTHER

15. MAIDEN NAME Irene Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, MO.

17. INFORMANT (ADDRESS) Arthur Brown, 2829 Holly

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah DATE 4/20/37

19. UNDERTAKER (ADDRESS) O.V. Main Funeral Home, 3146 Main St.

20. FILED Apr 19, 1937 M.M. Cronow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18, 1937, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937, to April 18, 1937
 I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 3:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Neuroblastoma of Adrenal - Lft. Dec '36
57
 Other contributory causes of importance: Metastases into skull - Feb 37

Name of operation Biopsy - Skull Date of March 24
 What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ----- Date of injury -----, 19 37
 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) Arthur Walthall, M. D.
 (Address) 612 Prof. Bldg.

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.

