AUG 11 1937

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

Do not use this space.

File No. 26460

Registered No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 208 E. 68th Terr. St. Ward)

2. FULL NAME Mrs. Fanny Ellen Brown

(a) Residence, No. 208 E. 68th Terr. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Houston L. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1867

7. AGE: Years 70 Months 6 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Hamptonville (STATE OR COUNTRY) North Carolina

FATHER

13. NAME John M. Burgess

14. BIRTHPLACE (CITY OR TOWN) Yaokin County (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Jane Johnson

16. BIRTHPLACE (CITY OR TOWN) Yaokin County (STATE OR COUNTRY) North Carolina

17. INFORMANT Mrs. George M. Irons (ADDRESS) San Antonio, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 30 37

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS)

20. FILED July 29 1937 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1935, to July 28, 1937

I last saw her alive on July 28, 1937 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Common Bile Duct Obstruction due to Carcinoma of Head of Pancreas

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation X-Ray Date of

What test confirmed diagnosis? B. Chemistry 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) George C. Lee M. D.

(Address) 730 Professional Bldg Kansas City, Mo.

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.

WRITE PLAINLY WITH INK AND PRINT NAMES & PLACES

I X9314

Dr. George C. Lee
Prof. Bldg.
until 3.