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

Do not use this space.

1. PLACE OF DEATH
County: Jackson 97
Registration District No.: 399
File No.: 26495
Township: Kaw
Primary Registration District No.: 1002
Registered No.: [illegible]
City: Kansas City (No. 3430 Bellefontaine Avenue St. Ward)

2. FULL NAME: William T. Brown
(a) Residence, No. 3430 Bellefontaine avenue St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 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: Mrs. Mae Pearson Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8th 1872

7. AGE: Years 65 Months 4 Days 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Office Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Union
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): New York

FATHER
13. NAME: Frank B. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Jane Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Mae Pearson Brown

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Aug. 2, 37, 19

19. UNDERTAKER (ADDRESS): Freeman Mortuary Kansas City, Mo.

20. FILED: Aug 1, 1937 M. M. Corum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31, 1937

22. I HEREBY CERTIFY That I attended deceased from July 29, 1937, to July 31, 1937
I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan. 14 1937

Other contributory causes of importance:

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? No
If so, specify
(Signed) Madison L. Bailey, M. D.
(Address) 1424 Prof. Bldg. K.C. Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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