

JAN 17 1938

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

Do not use this space.

44324

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 925 Paseo)

Registration District No. 399
Primary Registration District No. 1002

File No. 5227
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Julia Brown

(a) Residence, No. 925 Paseo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
40 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26
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) Leavenworth Kansas

MOTHER 13. NAME William Singleton

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville Mo.

17. INFORMANT Mrs. Kate Welsch
(ADDRESS) 925 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 12-29-37

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

20. FILED 12-27-37 McClure West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937, to Dec 27, 1937.
I last saw him alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 2:50 a.m.

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

Coronary Thrombosis Date of onset Dec 28 1937
2
94 B
Other contributory causes of importance: Aurtery Sclerosis 19-34

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) C. J. Cornick _____, M. D.
(Address) 2602 East 15
Kansas City

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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2600 E. 15