

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 5507
 Township Kaw Primary Registration District No. 1002 Registered No. 573
 City Kansas City (No. St. Lukes Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Rachael Hamilton Brown 650
 (a) Residence, No. 1158 East 77th St. St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 (OR) WIFE OF S. H. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1906

| | | | |
|--------------|----------|----------|----------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| <u>32</u> | <u>0</u> | <u>6</u> | |

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) Missouri

MOTHER FATHER

13. NAME T. C. Rainey

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

15. MAIDEN NAME Clara Mack

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

17. INFORMANT S. H. BROWN
 (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Springfield, Mo DATE Feb. 5, 1938

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

20. FILED 274 19. 38 M. M. Brown
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938 to Feb 3, 1938
 I last saw him alive on Feb 3, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 1-28-38
108

Other contributory causes of importance:
emphysema 2 mo

Name of operation none Date of _____
 What test confirmed diagnosis chest Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Edw. H. Freeman, M. D.
 (Address) Prof. Bedy, I.C. Mt

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.

Dr. A. G. ...
12-5-