

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13714
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1694
 (c) City Kansas City, Mo. (d) Street No. 2843 Troost St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hugh Brown 650

(a) Residence, No. 2609 Norton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Lucile Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3, 1877</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	DAYS <u>18</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Transfer Man</u>	
	10. Date deceased last worked at this occupation (month and year)	

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

FATHER 13. NAME John Brown

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

MOTHER 15. MAIDEN NAME Georgana Eniox

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

17. INFORMANT Mrs. Lucille Brown,
(ADDRESS) 2609 Norton, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Apr. 23-38 1938

19. FUNERAL DIRECTOR C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Independence Blvd. K.C. Mo.

20. FILED Apr 22 1938 P.A. Dr. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21-38 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to April 15, 1938
 Last saw him alive on April 15, 1938 Death is said to have occurred on the date stated above, at 5:10 m. AM
 The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Chronic Interstitial Nephritis
Cerebral Hemorrhage
Coronary Myocarditis
Embolic

Date of onset 131

Other contributory causes of importance:
Cerebral Hemorrhage
Coronary Myocarditis
Embolic

Name of operation None Date of None
 What test confirmed diagnosis? Autopsy 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?
 If so, specify None
 (Signed) E. Samuel L. Laugel, M. D.
 (Address) 112 Argyle Bldg

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.

I X12004

Dr. Dr. E. C. Teubel,

Areyle Bldg.
VI 8050

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)