

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17217

Do not use this space.

1. PLACE OF DEATH 9 1938

(a) County Jackson Registration District No. 399

(b) Township Earl Primary Registration District No. 8 Registered No. 1914

(c) City Kansas City Mo. (d) Street No. 3021 6 24th Terrace St.

(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Melsil Brown

(a) Residence, No. 3021 6 24th Terrace 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jesse W. Brown (deceased)</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31 - 1867</u>			
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>	DAYS <u>23</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housework</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Mar. 31</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co., Mo.</u>			
FATHER	13. NAME <u>W. C. Beaty</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
MOTHER	15. MAIDEN NAME <u>Martha Templeman</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Edith B. Goodson</u> <u>3021 6 24th Terrace</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Northone Mo.</u> DATE <u>May 10 1938</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John G. Ditch</u> <u>Northone Mo.</u>			
20. FILED <u>May 8 1938</u> M. M. Brown Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1932 to May 8 1938

Last saw her alive on May 8 1938 Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Chronic Interstitial Nephritis (Chronic Coma)

Date of onset 5-2-38

Other contributory causes of importance:
Cerebral Hemorrhage 1932

Name of operation NO Date of NO

What test confirmed diagnosis? clinical 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 _____

(Signed) Chas. Nelson M. D.

(Address) 3626 Taylor Ave

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.