

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24273
Do not use this space.

REC'D AUG 8 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
 (b) Township Kaw Primary Registration District No. _____
 (c) City Kansas City (d) Street No. 531 Lydia St. _____
 (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. 6 50 How long in U.S., if of foreign birth? yrs. mos. da. _____

2. PRINT FULL NAME Archie Brown

(a) Residence, No. 531 Lydia St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Col.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 7, 1869
 7. AGE YEARS 69 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as 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) Marshall Mo.

FATHER 13. NAME Winston Brown

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

MOTHER 15. MAIDEN NAME Harriet

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

17. INFORMANT (ADDRESS) Nancy Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7-11 1938

19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros
2000 E. 12th

20. FILED 7-11 1938 M. M. Curves
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8 1938

22. I HEREBY CERTIFY that I attended deceased from June 27, 1938 to July 8, 1938
 I last saw him alive on July 7, 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:

Mitral Regurgitation Date of onset _____

Other contributory causes of importance:
acute parenchymatous nephritis

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? _____
 If so, specify _____

(Signed) Archie Brown, M. D.
 (Address) 1709 E 12

92-2

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. 3836

working under my personal supervision.

Signed Edw J Evans

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.)

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson

Registration District No. 294

File No. 24273

Township N.C.

Primary Registration District No. 1002

Registered No. 2778

City N.C. (No. _____, St. _____ Ward)

2. FULL NAME

Archie Brown

(a) Residence, No. 521 Lydia St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m **4. COLOR OR RACE** B **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** m.

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

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

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS 64 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

Mitral regurgitation Date of onset _____

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 7/11, 1938 Dr. In Crome Registrar.

Other contributory causes of importance:
Acute parenchymatous nephritis
Obtained not listed cause

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?

If so, specify H. B. Brown, M. D.
(Signed) _____ (Address) 1704 E. 12th

OCCUPATION

MOTHER FATHER

[Handwritten notes and signatures in the left margin, including a large signature that appears to be 'W. H. ...']

