

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

Do not use this space.

DEC 4 1938

38393

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 1)

Registration District No. 399
Primary Registration District No. 1002
ST. JOSEPHS HOSP

File No. 38393
Registered No. 4627
St. _____ Ward _____

2. FULL NAME

B. S. Brown, NATHAN

(a) Residence, No. 207 E. 73rd St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 25 - 1871

7. AGE YEARS 67 MONTHS 10 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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) K. C. MO.

13. NAME ROBERT S. BROWN

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

15. MAIDEN NAME MARY N. ROGERS

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

17. INFORMANT GEORGE L. WALKER (ADDRESS) 207 E. 73rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE DEC. 1, 1938

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 13 BRUSH CREEK & PASCO

20. FILED Nov 29, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from NOV. 25, 1938 to NOV. 27, 1938

I last saw him/her alive on NOV. 27, 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:

CEREBRAL THROMBOSIS, R. VENTRICULAR HEMORRHAGE

Other contributory causes of importance: CHR. HYPERTENSIVE HEART DISEASE

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) O. C. Quintard M. D.
(Address) 6944 Poplar R. C. Mo.

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.

