

REC'D MAR 9 1939

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

5569

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....Jackson..... Registration District No. 399  
(b) Township.....Kaw..... Primary Registration District No. 1002  
(c) City.....Kansas City..... (d) Street No. 3234 East 9th St. 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

650 Mrs. Mary Brown  
(a) Residence, No. 3234 East 9th Street St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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>Joseph R. Brown</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1, 1869</u>			
7. AGE	YEARS <u>69</u>	MONTHS <u>9</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>At Home</u>		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)..... <u>Leavenworth,</u> (STATE OR COUNTRY) <u>Kansas</u>				
FATHER	13. NAME <u>Kelley</u>		14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>		
	15. MAIDEN NAME <u>Wish Kilkelley</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>		17. INFORMANT <u>Miss Mary Ruth Brown</u> (ADDRESS) <u>3234 East 9th Street</u>		
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leavenworth, Ks.</u> DATE <u>Feb 23, 1939</u>				
19. FUNERAL DIRECTOR (NAME)..... <u>Quirk &amp; Tobin Co.</u> (ADDRESS) <u>Kansas City, Mo.</u>					
20. FILED <u>7-2-39 M. M. Brown</u> Local Registrar					

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1939  
22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1928 to Feb 19 1939  
I last saw him alive on Feb 19 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:

1. Myelogenous Leukemia  
2. Pulmonary edema  
3. Chronic Myocarditis  
120

Date of onset 2 yrs

Other contributory causes of importance:

Name of operation.....Luc Stuedgen 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) J. O. Reid, M. D.  
(Address) Kansas City, Mo.

**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.**