REC'D APR 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Clay
Township ~~Fishing River~~
City Excelsior Springs (No. Veterans Adm. Facility St. 3d Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. 10533
Registered No. 29

2. FULL NAME BROWN, Walter
(a) Residence, No. 1111 E. 16th St. St., Ward, Kansas City, Missouri
(Usual place of abode) Died 20 minutes after adm. to hospital. (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

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~XXXXXX~~ Ada Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1894

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 45 | 0 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corder, Mo.

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 3-20-39, 19

19. UNDERTAKER (ADDRESS) WATKINS BROTHERS FUNERAL HOME
Kansas City, Missouri

20. FILED March 21, 1939 Lorena McCracken
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11:15 AM 3-20, 1939, to 11:35 AM Mar. 20, 1939
I last saw him alive on March 20, 1939. Death is said to have occurred on the date stated above, at 11:34 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina pectoris | |

94

Other contributory causes of importance:
Coronary sclerosis
Osteomyelitis, left tibia

Name of operation None 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) W. L. Wysong Coroner, M. D.
(Address) W. L. WYSONG, MD, Coroner Clay, Co.
Liberty, Missouri

180

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

100M-1-20-35 X7044

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/3/39