

REC'D JUN 8 1939

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

17547
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 100

(c) City Kansas City (d) Street No. Trinity Lutheran Registered No. 1949 St.

(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 May Elizabeth Brown

(a) Residence, No. 5828 Wabash St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>11</u>	<u>29</u>	

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

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) N.Y.

13. NAME Will J. Perkins

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

15. MAIDEN NAME Wheeler

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

17. INFORMANT (NAME) (ADDRESS) Mrs Thomas Brown
5828 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moray DATE May 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Neuberger
150 Jackson

20. FILED May 9 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1939 to May 5, 1939

I last saw her alive on May 5, 1939 Death is said to have occurred on the date stated above, at 54.

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

Chronic Glomerular Nephritis 131

Bronchopneumonia 5339

Other contributory causes of importance:

Chronic Myocarditis 1925

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 1939

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) Allen J. Heaver, M. D.

(Address) 1100 Prof Bedg

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

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.

I X14025

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.