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

Do not use this space.

17329

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 2302
Township Raw Primary Registration District No. 1002 Registered No.
City K.C. Mo. (No. 621 Myrtle Av St. Ward)

2. FULL NAME Samuel D. Brown
(a) Residence. No. 621 Myrtle St., 10 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1848

7. AGE: Years 79 | Months 9 mo | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER Andrew Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No Record

14. INFORMANT W. J. Brown
(Address) 621 Myrtle Av.

15. FILED 5/25, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/4/27 7/4, 1927, to May 23, 1928 that I last saw him alive on May 23, 1928, and that death occurred, on the date stated above, at 2:15 P.M. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
Nephritis, Chr (duration) 3 yrs. x mos. x ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? x
DID AN OPERATION PRECEDE DEATH? No DATE OF x
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Chas. L. Peery, M.D.
5/25, 1928 (Address) 513 Commerce Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill | DATE OF BURIAL: May 25, 1928

20. UNDERTAKER: Mrs. C. L. Forster | ADDRESS: K.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.

2:[illegible]

3620-E-9[illegible]

[illegible] to [illegible]

Dr. [illegible] come by at 10 am