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

Do not use this space.

File No. 27263

Registered No. 2228

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.:

City: Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME Brown Dora

(a) Residence. No. 37th & Brighton St. 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-11-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
(65)	66	8	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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) Illinois

PARENTS

10. NAME OF FATHER W.m. Warren

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Marie Yarnet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY) Me

14. INFORMANT Ben Clerk
(Address) K.C. General Hosp.

15. FILED 8/8, 1928 M.M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-6 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-3, 1928, to 8-6, 1928 that I last saw him alive on 8-6, 1928, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the Lungs
2511

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

8-6, 1928 (Signed) P E Williams, M.D.
(Address) Supt K.C. General Hosp

*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: Lucas — DATE OF BURIAL: 8/9 1928

20. UNDERTAKER: O.V. Mast — ADDRESS: 1916 East 15

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.

...WRITE, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD