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

Do not use this space.

File No. 27291
Registered No. 3366

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. Old City Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Brown Willy
(a) Residence. No. 1215 Woodland St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 13 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)
F	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49		11	22	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Tennessee

PARENTS
10. NAME OF FATHER: Tobias Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Harriet Ellison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Tennessee

14. INFORMANT: Tobias Hughes
(Address): 1718 Charlotte Ave.

15. FILED: 8/10, 1928 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8-6-, 1928, to 8-8-, 1928, that I last saw h. alive on 8-8-, 1928, and that death occurred, on the date stated above, at 6:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetic Coma 59
" " Acidosis 1½
" " Gangrene
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

57

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
8/9, 1928 (Signed) Howard M. Smith, M. D.
(Address) Old City Hospital.

*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: Topeka Kansas — DATE OF BURIAL: 8/11 1928
20. UNDERTAKER: West Appleton & Jones — ADDRESS: 1600 8/19

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.