

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

Do not use this space.

27998-  
3693

1. PLACE OF DEATH  
 County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Mercy Hospital) St. 1st Ward)

2. FULL NAME Roy Brown Jr.  
 (a) Residence. No. 2623 Harrison St. 4th Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 2 mos. 22 da. / How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>2</u>	<u>22</u>	

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) Kansas City  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Roy Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Douglas County  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sahoma Chught

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milledale  
 (STATE OR COUNTRY) Kansas

14. INFORMANT Roy Brown  
 (Address) 2623 Harrison

15. FILED 8-31-29 M. M. Crane  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-28, 1929, to 8-30, 1929, (that I last saw him alive on 8-30, 1929, and that death occurred, on the date stated above, at 11:30 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Enteritis

(duration) \_\_\_\_\_ yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY) Premature  
 (duration) \_\_\_\_\_ yrs. mos. 42 da.

18. WHERE WAS DISEASE CONTRACTED 1130  
 IF NOT PLACE OF BIRTH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) D. R. Davis, M. D.  
8-30, 1929 (Address) K. C. Mo

\*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 Highland Park DATE OF BURIAL 8/31 1929

20. UMBERTAKER Julian K. Davidson ADDRESS Katy Mo

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.

