

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

Do not use this space.

40757

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 3521 E. 19th St.)

File No. \_\_\_\_\_  
 Registered No. 5164 (Ward)

**2. FULL NAME** Mary Brown

(a) Residence No. 35021 E. 19th St. Ward. 11  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE col  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>3</u>		<u>27</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Clarence Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Houston  
 (STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER Alice Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Houston  
 (STATE OR COUNTRY) Texas

14. INFORMANT Alice Brown  
 (Address) 3521 E. 19th St.

15. FILED 12/16, 1929 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 13, 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-13-29, 1929 to 12-13-, 1929.  
 that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Bronchopneumonia

107A / 1943 / 0 / 0 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) exposure  
12-13/29 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Home

0 DID AN OPERATION PRECEDE DEATH no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
12/14, 1929 (Address) 4523 E. 19th St. M.D.

\*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 Blue Ridge DATE OF BURIAL Dec. 16, 1929

20. UNDERTAKER Adkins Bros ADDRESS 2000 E. 12th

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT CAN BE UNDERSTOOD BY ALL PEOPLE

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