7/8347 (1) 2954

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

Do not use this space.

VV 5610 10 30/a

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 902
City Kansas City (No. 1732 Euclid ave St. Ward)

2. FULL NAME Cassie Otis Brown Jr
(a) Residence. No. 1732 Euclid ave St., 4 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21-28
7. AGE: Years 1, Months 2, Days 4, If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None 9/P
(b) General nature of industry, business, or establishment in which employed (or employer) 14 DD
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Cassie Otis Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ivanola E. Bryant
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Cassie Otis Brown
(Address) 1732 Euclid ave
15. FILED 2/27, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1930
17. I HEREBY CERTIFY, That I attended deceased from 2-20-, 1930, to 2-25, 1930 that I last saw him alive on 2-25, 1930 and that death occurred, on the date stated above, at 7 15 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho-Pneumonia "Primary" (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) and Endocarditis (duration) yrs. mos. 3 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. D. Wells M. D
2/26, 1930 (Address) 1601-E-18th 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 Cement — DATE OF BURIAL: Feb 27 1930
20. UNDERTAKER: A. Moore — ADDRESS: 918 E. 18th