

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

Do not use this space.

33087 = 4318

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 2002
City Kansas City (No. 326 Gladstone) St. _____ Ward _____

2. FULL NAME William Brazil Brown

(a) Residence. No. 326 Gladstone St. 9 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1863.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attorney
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER James Brown

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

12. MAIDEN NAME OF MOTHER Eliza Praper

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

14. INFORMANT Mrs. W. B. Brown
(Address) 326 Gladstone.

15. FILED 1/25 1930 M. M. Crawford REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/23 1930

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1930 to Oct 23, 1930
that I last saw him alive on Oct 23, 1930 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis Coronary Artery
92A
92B (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Coron. Ends Carditis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

0 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Replantation
(Signed) Dr. H. M. Smith, M. D.

10/25, 1930 (Address) 505 Grand Ave. E. L. S. L.

*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

DATE OF BURIAL

Forest Hill
20. UNDERTAKER C. H. Blackman & Son.

10-25-1930
ADDRESS City.

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.

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