

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

Do not use this space.

5642

1. PLACE OF DEATH

County Jackson Registration District No. 30
 Township Kaw Primary Registration District No. 4
 City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

File No. 733
 Registered No. 733

2. FULL NAME

Luzon B. Brown

(a) Residence No. 3922 Harrison St. Ward 6
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 14, 1931

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

Leonora Brown

I HEREBY CERTIFY, That I attended deceased from Feby 26, 1931, to Feby 14, 1931 that I last saw him alive on Feby 14, 1931, and that death occurred, on the date stated above, at 3-15 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 23, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 11 26

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Druggist - Man
 (b) General nature of industry, business, or establishment in which employed (or employer). Drug Store
 (c) Name of employer _____

12/19/1931 (duration) yrs. mos. ds.
12/17/1931 (duration) yrs. mos. ds.
12/15/1931 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis of gall bladder
ulceration of gall bladder (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Ex Spgs mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feby 12 1931

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Mark ... 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.

10. NAME OF FATHER

Thomas C. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Mary Morrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia 2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill Cemetery 2-16-1931

20. UNDERTAKER

ADDRESS 3235

Stine + McClure Billham
Flaga.

14. INFORMANT

Mrs. Leonora Brown

(Address) 3922 Harrison St.

15. FILED 2/16, 1931 M. M. Crowe REGISTRAR

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.

