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

Do not use this space.

8852

APR 25 1934

1. PLACE OF DEATH
County Jackson — Registration District No. 995 — File No. 8852
Township — Primary Registration District No. 605 — Registered No. 1039
City Kansas City (No. 2123 D., Summit st St. Ward)

2. FULL NAME Ralph Albert Brown

(a) Residence, No. 2123-D Summit St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/19/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. various-CWA

10. Date deceased last worked at this occupation (month and year) 2/34

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Kan

FATHER

13. NAME Martin Brown

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

MOTHER

15. MAIDEN NAME Eliza Jane Ketchum

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

17. INFORMANT Mrs. R. A. Brown (ADDRESS) K C

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park KKCK DATE 3/7, 1934

19. UNDERTAKER Geo. H. Long Mortuary (ADDRESS) K C K

20. FILED 3/6, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5, 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec-March 5, 1934 to March 5, 1934

I last saw him alive on Mar 5 -, 1934. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Left upper Lobe	
IIB 8	

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Kansas City Mo

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.

WRITE PLAINLY, WITH INK. DO NOT USE PENCIL. DO NOT FOLD.

Dr P H Owens Rialto Bldg
Vic 2813