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

Do not use this space.

20466

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: — Primary Registration District No.: 1002
City: Kansas City (No. 4209 Olive St. Ward)
File No.: — Registered No.: 20466

2. FULL NAME: Joan Eddis Brown
(a) Residence, No. 4209 Olive St., 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 UNFADING INK—THIS IS A PERMANENT RECORD

JUL 17 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): New born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1934

7. AGE — YEARS: — MONTHS: — DAYS: 3 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

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

FATHER
13. NAME: Perl Samuel Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pierce City Mo.

MOTHER
15. MAIDEN NAME: Mary Louis Mglamy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Upland Kan.

17. INFORMANT: Perl Samuel Brown
(ADDRESS) 4209 Olive - K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Anthes Hospital DATE 6-14, 1934

19. UNDERTAKER: None
(ADDRESS)

20. FILED 6/14, 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to June 13, 1934
I last saw her alive on June 12, 1934. Death is said to have occurred on the date stated above, at 11 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Aspiration)	6/12/34
159	
10 F A	

Other contributory causes of importance:
6 to 8 wks premature

Name of operation: Date of:
What test confirmed dingnosis? Was there an autopsy? yes

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?
If so, specify
(Signed) Dwight E. Curry, M. D.
(Address) 1518 Prof. Bldg