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

Do not use this space.

26514

SEP 16 1935

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: — Primary Registration District No. 002
City: Kansas City (No. Menorah Hospital St. Ward)
File No.: — Registered No.: 00203

2. FULL NAME: James Richard Brown
(a) Residence, No. Olathe, Kansas 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. 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maude Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1871
7. AGE: Years 64 Months 2 Days 12 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Salesman
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): Olathe Kansas

FATHER
13. NAME: S. R. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Susan Elizabeth Torbitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. L. W. Sanford 111 W. 62 - Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Olathe Kansas DATE: Aug. 20 1935
19. UNDERTAKER (ADDRESS): H. E. Julien Olathe, Kansas
20. FILED: 8-19 1935 M. M. Crow, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18 1935
22. I HEREBY CERTIFY, That I attended deceased from VI/20/ 1935 to VIII/18/ 1935
I last saw h. i. m alive on VIII/18/ 1935 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyanotic Edema, Emphysema, Jaundice with secondary failure of heart. | June 1935. |

Other contributory causes of importance:

Name of operation: drainage of chest Date of: VIII/13/
What test confirmed diagnosis? blood picture 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) Robert Uhlmann M. D.
(Address) Bryant Building 1314

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

100M-11-24-33