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.

JAN 20 1937

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

Do not use this space.
1787

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No.
Township Washington — Primary Registration District No. 5558 2 — Registered No. 87
City Kansas City, Mo. (No. 1830 East 82nd Terrace St. Ward)

2. FULL NAME Miss Thelma Jean Brown
(a) Residence, No. 1830 East 82nd Terrace 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1936

7. AGE: Years 0 — Months 7 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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, Missouri

FATHER
13. NAME Clement Edward Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER
15. MAIDEN NAME Leota Lindsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT C. E. Brown
(ADDRESS) 1830 East 82nd Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan. 8 1937

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Jan. 7 1937 Fred R. Lindsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19.... I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at ....
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thymic hypoplasia	
status lymphaticus	

Other contributory causes of importance:

Name of operation ..... Date of ....
What test confirmed diagnosis? ..... Was there an autopsy?

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 in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address)