

18 1927

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

Body found in field
4 miles north of
Parkville
63019189

1. PLACE OF DEATH

County [redacted] Registration District No. 695
Township [redacted] Primary Registration District No. 3922
City [redacted] (No.) St. Ward

File No.
Registered No. 19695

2. FULL NAME *Summond H. Brown*

(a) Residence No. 1327 Monroe St. = St. Ward. *Kansas City Mo*
(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 31st, 1885*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 yrs 11 mo 24 Days

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Salesman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Electric Appliances*
(c) Name of employer *Okla. Gas & Elec. Co*

9. BIRTHPLACE (CITY OR TOWN) *Los Angeles, Calif*
(STATE OR COUNTRY)

10. NAME OF FATHER *John D. Brown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Permantown*
(STATE OR COUNTRY) *Mason County Ky.*

12. MAIDEN NAME OF MOTHER *Sallie Nichols*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Platte County Mo.*
(STATE OR COUNTRY)

14. INFORMANT *Hamer Brown*
(Address) *2707 Olive St. C Mo*

15. FILED *6/7 1927*
J. H. White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Not known*

17. I HEREBY CERTIFY, that I attended deceased from *possibly* 19... to *7* months *ago* that I last saw him *alive* on *the 1st* of 19... and that death occurred, on the date stated above, at *11* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gun shot wound in the head

CONTRIBUTION (SECONDARY) *might be either homicide or suicide*

18. WHERE WAS DISEASE CONTRACTED *bullet found inside skull*
IF NOT AT PLACE OF DEATH: *body found*

DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *4/21/27*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Line Creek* DATE OF BURIAL *6-7 1927*

20. UNDERTAKER *Harris Roland* ADDRESS *Parkville*

*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. (See reverse side for additional space.)