

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

Do not use this space.

17184

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
 Township.....KAW..... Primary Registration District No. 1002
 City.....Kansas City..... (No. 2831 Benton Blvd...... St. Ward)

2. FULL NAME Mary F. Brent

(a) Residence. No. 2831 Benton Blvd. St. W 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	8	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Geo. M. Fleming

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Kentucky

14. INFORMANT H. H. Anderson
 (Address) 229 Py Exchange

15. May 16, 28 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 19 28

17. I HEREBY CERTIFY That I attended deceased from 5:15 to May 14, 19 28
 that I last saw her alive on 5-14-28, and that death occurred, on the date stated above, at 10:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericardial aneurysm

CONTRIBUTORY (SECONDARY) 580W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. H. Payne, M. D.
5/15, 19 28 (Address) 312 1/2 W. 2nd St.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Washington Cem DATE OF BURIAL 5/16 19 28

20. UNDERTAKER Shive - M. O. Clum ADDRESS 924 Oak

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

