

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

Do not use this space.

39401

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo (No. 2920 Main Street St. _____ Ward) _____

2. FULL NAME Mrs. Nannie L. Brisbane
 (a) Residence. No. 2920 Main Street St. 3 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State) _____
 Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF George R. Brisbane

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 22, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 18

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) Lexington, Kentucky
 (STATE OR COUNTRY)

10. NAME OF FATHER Milton Portwood

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

12. MAIDEN NAME OF MOTHER Rosae Moberly

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

14. INFORMANT Mr. G. R. Brisbane
 (Address) 2920 Main Street

15. FILED 12/11/30 M. M. Cronin REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/10/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1/30 1930, to Dec 10 1930
 that I last saw her alive on Dec 9 1930 and that death occurred, on the date stated above, at 8:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic
9:30
1:30

(duration) yrs. 12 mos. da.
 CONTRIBUTORY (SECONDARY) Institution

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) George F. Cronin M. D.

Dec 11, 1930 (Address) 715 Chamberlain Bldg

*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 Forest Hill Cemetery DATE OF BURIAL 12/12/1930

20. UNDERTAKER Freeman Mortuary, K. C. Mo ADDRESS _____

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.

Dr. Geo. B. King
Shawnee, Mo.
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