

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

Do not use this space.

39454

= 5106

1. PLACE OF DEATH

County Jackson

Registration District No. 3:3

Township Kaw

Primary Registration District No. 1004

City Kansas City, Mo (No. St. Joseph Hospital)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Mrs. Lula M. Brewington

(a) Residence. No. 821 West 71st Street, 8 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 0 11

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) Texas
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER J. A. Cass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT R. D. Brewington
(Address) 821 West 71st street

15. FILED 12-13-30 W. M. Crowe REGISTRAR
act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/13/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930 to Dec 13, 1930, that I last saw her alive on Dec 13, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
12/13/30
(duration) _____ yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 7000
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 821 West 71st St

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Open British, M. D.
12-13-1930 (Address) 2602 East 15th Street, Kansas City

*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 Waco, Texas DATE OF BURIAL 12/13/1930

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

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

New York
March 6, 1871
No. 710.