73

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

Do not use this space.

File No. 13280

Registered No. 447

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. State Hospital #2 St. Ward)

11-5-9

2. FULL NAME: Cressie Brett

(a) Residence. No. Kansas City, Mo. St., Ward. Kansas City, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 21 1931

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Not known
(STATE OR COUNTRY): Pennsylvania

PARENTS

10. NAME OF FATHER: William Bortz

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not known
(STATE OR COUNTRY): Pennsylvania

12. MAIDEN NAME OF MOTHER: Christina Berne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Not known
(STATE OR COUNTRY): Pennsylvania

14. INFORMANT: Hosp. Records
(Address): State Hosp #2 St. Joseph Mo.

15. FILED 4-22-31 19 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 22 1931

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to April 22, 1931, that I last saw h. alive on April 21, 1931, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilitation
93 C
75 D
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) Sev'l yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: at place of Death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) George W. Forman, M. D.

April 22, 1931 (Address) State Hosp #2 St. Joseph Mo

*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	DATE OF BURIAL
Emporia, Kansas	April 24, 1931
20. UNDERTAKER: Freeman Funeral Home	ADDRESS: 1946 Calhoun