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

399

Do not use this space.

24931

File No. 2917

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 1002

Township: Kaw — Primary Registration District No.

City: Kansas City (No. George H. Nettleton Home St. Ward)

2. FULL NAME: Anna Brion

(a) Residence. No. George H. Nettleton Home St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Albert Brion

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby. 25, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	4	7	

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): Sweden

PARENTS

10. NAME OF FATHER: Andreas Sarnblom

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

12. MAIDEN NAME OF MOTHER: not known

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

14. INFORMANT: Geo. H. Nettleton Home Records
(Address): 51st & Swope Parkway

15. FILED 7/3, 19 31 M. M. Crouch Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2, 19 31

17. I HEREBY CERTIFY, That I attended deceased from ~~1929~~, 1929, to July 2, 1931, that I last saw h. alive on July 2, 1931, and that death occurred, on the date stated above, at 11 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93C
95A (duration) 3 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY): Auricular fibrillation (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED: 93C
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Harry C. Tegg, M. D.

7/3, 19 31 (Address) 1314 Professional 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~~: Elmwood Cemetery — DATE OF BURIAL: 7-4-1931

20. UNDERTAKER: Sliner & McClure — ADDRESS: 3235 Gillham Place

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.

Dr. Harry Lapp

Gen. [illegible]