WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

22740

**1. PLACE OF DEATH**

County Jackson — Registration District No. 899 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2645

City Kansas City (No. 3842 East 68th. Street Ter. St. Ward)

**2. FULL NAME** Mrs. Barbar Brill

(a) Residence, No. 3842 E. 68th. Street Ter. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 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 | Widow |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th. 1859

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME Crist Antwuler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Anna M. Bosoi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Mary E. Brill 3842 East 68th. Street Ter.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE July 8th. 1932

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED 7/6 1932 M. M. Crowe Asst. Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to July 6, 1932

I last saw her alive on July 5, 1932. Death is said to have occurred on the date stated above, at 7.35 Am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis
131
930 131 ①

Date of onset

Other contributory causes of importance:
Passive Congestion of Liver
125 B

Name of operation — Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. Jones, M. D.

(Address) 80 & Paseo

80th & Paseo
Ja 1879
2 to 5 10 AM