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

Do not use this space.

29735
365

File No. 29735
Registered No.

1933

PLACE OF DEATH
County JACKSON
Township KAW
City KANSAS CITY (No. 5816 - EAST - 13TH St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME MRS HARRIETT BRAZIER

(a) Residence, No. 1517 BEATTIE St., Ward. ST JOSEPH, MISSOURI
(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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF GEORGE BRAZIER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-11-1842

7. AGE: YEARS 91 | MONTHS 7 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) LONDON (STATE OR COUNTRY) ENGLAND

FATHER

13. NAME JAMES COX
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER

15. MAIDEN NAME HARRIETT KING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT MISS LOUISA M. BRAZIER (ADDRESS) 5816 EAST 13TH ST

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY ST JOSEPH, MO. DATE SEPTEMBER-18, 33

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9-16, 1933 M. M. Carome Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Sep 16, 1933
I last saw ~~him~~ her alive on Sept 15, 1933. Death is said to have occurred on the date stated above, at 11:45 A.m.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular-renal break-down 1 yr

Date of onset

Other contributory causes of importance:

NO

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) Palmer Atkins, M. D.
(Address) Independence, Mo.

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.

Carl Bedgl Independence, Mo.

3-5