

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

Do not use this space.

36761

4684

1. PLACE OF DEATH

County Jackson Registration District No. 355
 Township Car Primary Registration District No. 4007
 City Kansas City (No. 3922) St. Missouri Ward

2. FULL NAME

Jas. W. Brasfield
 (a) Residence, No. 3922 St., Missouri Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Riley Wilkerson</u> <u>Brasfield</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-14-1865</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jewelerman</u>	
	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) <u>Oct. 1929</u>	
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co. Missouri</u>		
FATHER	13. NAME <u>John C. Brasfield</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Thatcher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>J. Byron Brasfield</u> (ADDRESS) <u>6922 Penn Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithville, Mo.</u> DATE <u>11-30-33</u>		
19. UNDERTAKER <u>Mohrman Undertaking</u> (ADDRESS) <u>Smithville, Mo.</u>		
20. FILED <u>Nov 29 1933</u> <u>M. M. Corowe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

11
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-1933
 22. I HEREBY CERTIFY, That I attended deceased from 11 28, 1933, to 11 28, 1933
 I last saw him alive on 11 28, 1933 Death is said to have occurred on the date stated above, at 7:35 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset
following a heart failure
myocardial insufficiency
 Other contributory causes of importance:
Chronic Arteriosclerosis
 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) Chrom _____, M. D.
 (Address) _____

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.

JAN 8 1934

