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

Do not use this space.

40039

File No. 4837
Registered No.

JAN 26 1934

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2650 East 7 St. Ward)
Registration District No. 8 5 5
Primary Registration District No. 1 6 5 3

2. FULL NAME Mrs. Mary Eva Brinsdon
(a) Residence, No. 2650 E 7 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. H. Brinsdon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1849

7. AGE Years 84 Months 5 Days 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Kentucky

FATHER
13. NAME Peter Doehler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Ph. Shirtzocher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) John Brinsdon 2650 E 7

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem DATE Dec 12, 1933

19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 E 15

20. FILED Jan 11, 1934 33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 10 1933, 19..
I last saw her alive on Dec 9 1933, 19.. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of veins	Nov 30
Veins of left arm	
Secondary Phlebitis of leg	

Other contributory causes of importance: Uterine fibroids 10 yr, 15 yr

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) Geo F Gerard, M. D.
(Address) 900 Rialto Bldg

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

SPACE RESERVED FOR BINDING