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APR 22 1935

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

Do not use this space.
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1. PLACE OF DEATH
County Jackson
Township ~~Kansas~~
City Kansas City (No. 2744 Lister St. Ward)
Registration District No. 306
Primary Registration District No. [illegible]
File No.
Registered No.

2. FULL NAME Leona Brownell
(a) Residence, No. 2744 Lister 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. A. Brownell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1872
7. AGE 562 YEARS 62 MONTHS 10 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

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) Ivanah Mo

FATHER
13. NAME Wm P Bruce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

MOTHER
15. MAIDEN NAME Rosselda Denien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

17. INFORMANT (ADDRESS) George G. Brownell 2744 Lister, ave,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 7-1-35
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn, ave,
20. FILED 5/29, 1935 M M Beaver Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935
22. I HEREBY CERTIFY That I attended deceased from Mch 30 1935, to June 27, 1935
I last saw her alive on June 27 1935. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Valv. Heart Disease & Decompensation	?

Other contributory causes of importance:
Ch. Myocarditis - Arteriosclerosis
Hypertension - Ch. Brights disease

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) D D Edwards, M. D.
(Address) 4800 Eng Ave

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.