

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.

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262

NOV 21 1935

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

Do not use this space.

32937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo (No. 3516 Summit)

Registration District No. 880
Primary Registration District No. 5007

File No. _____
Registered No. 8021
St. _____ Ward _____

2. FULL NAME

Mrs Nellie Jane Brezel

(a) Residence, No. 20 W 36 St 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 6 22

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

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) Kansas City Mo

13. NAME John Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME do not know

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

17. INFORMANT Marie B Donohew
(ADDRESS) 20 W 36 St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Theresa DATE 10/31/35

19. UNDERTAKER O. V. MAST FUNERAL HOME, Inc.
(ADDRESS) 3146 Main St.

20. FILED 10-30 1935 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1935 to Oct. 27 1935

I last saw her alive on Oct. 27 1935 Death is said to have occurred on the date stated above, at 9:20 p. m.

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

Cardiac asthma and coronary occlusion

Other contributory causes of importance: Chronic pyelitis

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) Eugene A. Pond M. D.
(Address) 3506 Benton Blvd. K.C., Mo

De Pond. Ea

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3506 Benton Blvd

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