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.

DEC 19 1935

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

Do not use this space.

35964

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 357
City ~~Kansas City~~ (No. 1400 Franklin Drive St. Ward)

2. FULL NAME Betty Brogan Cassman
(a) Residence, No. 1400 Franklin 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1899

7. AGE — YEARS 36. — MONTHS 1 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady
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) Pleasanton Kans.

FATHER
13. NAME C. L. Brogan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

MOTHER
15. MAIDEN NAME Belle Littlefield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) J. D. Hughes. 614 Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prescott K DATE Nov 19 1935

19. UNDERTAKER (ADDRESS) Eylar Funeral Home K. C. Mo.

20. FILED 11-21-1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-16 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1934, 19..., to 11/16, 1935
I last saw her alive on 11/16, 1935. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? .....
Also, specify .....
(Signed) Grellman, M. D.
(Address) 10307 Indep Ave K.C. Mo.