

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 20 1936

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

Do not use this space.

37942

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KantPrimary Registration District No. 1002City Kansas City (No. 3435 E-6th)

File No. _____

Registered No. 600

St. _____ Ward _____

2. FULL NAME Mrs. Hea Brodie(a) Residence, No. 3435 E-6th St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Brodie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20 - 18637. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 108. 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) Missouri13. NAME T J Bradley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mary Ann Cooper16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Ira E Brodie(ADDRESS) 3435 E-6th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood DATE Nov 2 193619. UNDERTAKER New News Center Sons(ADDRESS) Kansas City - Mo.20. FILED Nov 2 1936 in London

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 30, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1935, to Oct 30, 1936.I last saw him alive on Oct 30, 1936. Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Acute uremiaDate of onset
10-27-36

Other contributory causes of importance:

Arteriosclerosis with calcification
Hypertension
Chronic interstitial nephritisName of operation None 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? No

If so, specify _____

(Signed) Shirley N. O. Ryan M. D.(Address) 676 Bathrup B. Vic 0984

Mr H. H. Thym

~~626 Hathrop Bldg~~

~~1-4~~

5026 Virginia
call sat eve 6/4 going to home.