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.

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 999 — File No. 36705
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. 329 S., Wheeling St. Ward)

2. FULL NAME Mrs. Mary Etta Britshgi
(a) Residence, No. 329 S. Wheeling St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Britshgi
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1869
7. AGE YEARS 68 MONTHS 5 DAYS 4 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) Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John A. Brandenburgh, 329 S. Wheeling, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Golden City, Mo. DATE Oct. 16-37 19
19. UNDERTAKER (ADDRESS) C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.
20. FILED 10-15 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to Oct. 15, 1937
I last saw her alive on Oct. 14, 1937 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93e	

Other contributory causes of importance;
Chronic cholycystitis

Name of operation Gall bladder removal Date of July 20-37
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) A B Boyer D.O., ~~M.D.~~
(Address) 1102 E. 47