

FEB 25 1937

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

Do not use this space.

1696

1. PLACE OF DEATH

County Jackson  
Township Haw  
City Kansas City (No. 3517 East 25th St.)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1696  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Orta Armintha Brackett

(a) Residence, No. 3517 East 25th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David N. Brackett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 25 1875</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>285</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation <u>1</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 20 1937 to Jan 26 1937  
I last saw her alive on Jan 25 1937. Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Mitral Stenosis

Date of onset

Other contributory causes of importance:

Slight cold.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
mo

13. NAME L. N. Williams

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

15. MAIDEN NAME Virginia Chambers

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

17. INFORMANT David N. Brackett  
(ADDRESS) 3517 East 25th St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE California Ma. DATE 1-28-37

19. UNDERTAKER Mar. C. S. Corster  
(ADDRESS) 912 Brooklyn

20. FILED Jan 28 1937 M. M. Corson  
Registrar.

Name of operation \_\_\_\_\_ 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? no 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? MB  
If so, specify \_\_\_\_\_  
(Signed) J. H. George M. D.  
(Address) 3519 Woodland St., Kansas City

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.

50M-10-22-36 I 20314

2618 Cleveland

Li-6001

200