No public Funeral

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

Do not use this space.

17433

File No.

Registered No. 37

1. PLACE OF DEATH

County Clay — Registration District No. 197

Township Gallatin — Primary Registration District No. 5276-

City North Kansas City (No. ..... St. ..... Ward)

2. FULL NAME Mary Alice Brewer

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) North Kansas City
(STATE OR COUNTY) Missouri

PARENTS

10. NAME OF FATHER James Brewer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTY) Platte Co. Mo.

12. MAIDEN NAME OF MOTHER Susie Kamphefner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTY) Platte County, Mo.

14. INFORMANT James Brewer,
(Address) 1225 E. 22nd St North K.C.

15. FILED 5/18, 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17, 1931

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 18, 1931 that I last saw her alive on May 17, 1931, and that death occurred, on the date stated above, at 10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Measles (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) E. D. Leonhardt, M. D.

May 19, 1931 (Address) North Kansas City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hampton Cemetery	5-19 1931

20. UNDERTAKER	ADDRESS
L. F. Rollins,	Platte City, Mo.