

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

Do not use this space.

34638

308

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City

Registration District No. 756  
Primary Registration District No. 3714  
St. Benton

File No. \_\_\_\_\_  
Registered No. 4257  
St. \_\_\_\_\_ Ward 16

**2. FULL NAME**

Ethel Dixie Brewitt

(a) Usual place. No. 3714-S Benton St. Ward. 16  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 - 1887 3 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm C Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ella Huffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT Geo. T Brewitt  
(Address) 3714 S Benton

15. FILED 10/28 1931 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 10-27, 1931 that I last saw her alive on 10-27, 1931, and that death occurred, on the date stated above, at 4:30 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pathoma  
last attack probably  
6 hrs. (duration) yrs. mos. da.  
CONTRIBUTORY Paralysis + Anemia  
(SECONDARY)  
(duration) 2 yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Rapid + Calmed Reagent  
(Signed) W. B. Brown, M. D.

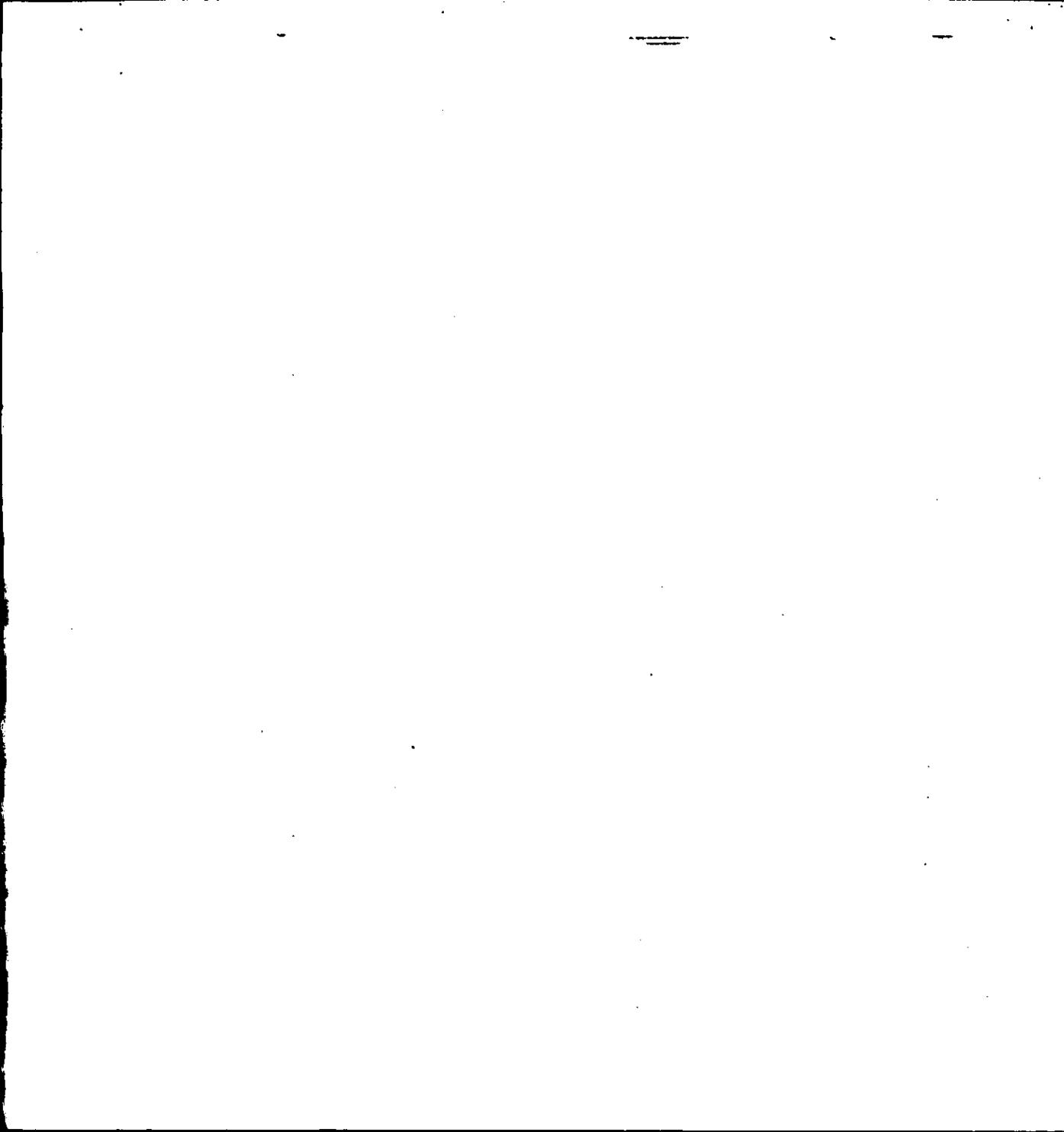
10/28 1931 (Address) 2637-E-29th

\*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

Howver, Mo. 10/29 1931

20. UNDERTAKER Z. O. Webb (Oak Grove, Mo.)



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....

Registration District No. 399

Township.....

Primary Registration District No. 1002

City Kansas City (No. ....)

File No. ....

Registered No. 4307

St. .... Ward)

**2. FULL NAME**

Ethel Dixie Brewitt

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 27, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from

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

....., to ....., 19.....

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

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

..... Date of onset

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.....

Other contributory causes of importance:

Paralysis & Anemia  
Extensive muscular  
Paralysis from cerebral hemorrhage  
(beginning about 2 yrs ago)

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 10/28, 1931 Dr. W. W. Brown Registrar.

SUPPLEMENTARY

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

