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

Do not use this space.

8249

File No. 8249

Registered No. 1103

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kan — Primary Registration District No. 1002

City Kansas City (No. Old City Hosp St. Ward)

2. FULL NAME Joseph Broden

(a) Residence. No. 1912 Crawfield 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: m

4. COLOR OR RACE: negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

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

7. AGE: Years 2 8 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Milan Co (STATE OR COUNTRY) Texas.

PARENTS

10. NAME OF FATHER Richard Broden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas (STATE OR COUNTRY) Washington Co

12. MAIDEN NAME OF MOTHER Mary Malett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brenam Co (STATE OR COUNTRY) Texas

14. INFORMANT Mrs. Mary Broden
(Address) 5318 Chestnut St. K.C. Mo.

15. FILED 3/16 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-14-1927

17. I HEREBY CERTIFY, That I attended deceased from 12-16-1925, to 3-14-1927, that I last saw him alive on 3-14-1927, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis.

3/ 93C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis.

(duration) yrs. mos. ds.

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? Clinical & Laboratory

(Signed) H. M. Smith, M.D.

3-14-1927 (Address) Old City Hosp K.C. Mo.

*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: Blue Ridge Lawn Cemetery

DATE OF BURIAL: 3/17 1927

20. UNDERTAKER: Baker Flynn (2211)

ADDRESS: 1819 E. 15th St. K.C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD