

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

Do not use this space.

15403

1. PLACE OF DEATH

Jackson
County
Law
Township
Kansas City
City

Registration District No. *399*

File No. *2312*
Registered No. *2312*
St. _____ Ward _____

Primary Registration District No. *1002*
2112 Bellview

2. FULL NAME

Brochermans Riley
(a) Residence. No. *2112 Bellview* St. *3* Ward *3*
(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 *FE. Col* 4. COLOR OR RACE *Col* 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) *Aug. 22, 1926*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
9 9

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) *Kansas City*
(STATE OR COUNTRY) *Missouri*

PARENTS

10. NAME OF FATHER *James Riley*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Don't know.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Estella Simms*

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

14. INFORMANT *Estella Simms*
(Address) *2112 Bellview*

15. FILES *6/4, 1927* *M. M. Crowl*
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 31, 1927*

17. *Deputy Coroner*
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Broncho-pneumonia
10711 (below)
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) *1000*
____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy*
(Signed) *Charles H. Brown, M. D.*

5-31-1927 (Address) *Deputy Coroner*

*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 *Highland Cem* DATE OF BURIAL *6-4 1927*

20. UNDERTAKER *Watkins Bros* ADDRESS *1729 Lydia*

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.

