

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

Do not use this space.

37155

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township Law Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Kansas City No. St. Lukes & Joseph St. \_\_\_\_\_ Ward \_\_\_\_\_  
James Holmes Middlebrook

**2. FULL NAME**

(a) Residence. No. Park Lane Apts. 7 Ward. Hawatha Kans.  
 (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 wh 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) Dec 14 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. \_\_\_ min.  
16

**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 Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Horace O Middlebrook

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

12. MAIDEN NAME OF MOTHER Helena McMillan

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

14. INFORMANT J. O. Middlebrook  
 (Address) Hawatha Kans.

15. FILED 12-31-27 M. M. Crowe  
 REGISTRAR Asst

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927 to October 30, 1927  
 that I last saw him alive on Dec 29, 1927, and that death occurred on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intestinal obstruction due to Appendiceal adhesion

CONTRIBUTORY (SECONDARY) 11/8/27  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?  
17 (Signed) Frank C. Jeff, M. D.  
131, 1927 (Address) 4218 E 62

\*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 Hawatha Kans. DATE OF BURIAL 12-31-1927

20. UNDERTAKER D. H. Newcomer ADDRESS Law

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.

DEPARTMENT RECORD

100-100-100  
100-100-100  
100-100-100

400-100-100

100-100-100