

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

Do not use this space.

17141

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township Near Primary Registration District No. _____ Registered No. 1113
 City Kansas City (No. Kansas City General Hospital St. _____ Ward)

2. FULL NAME

Mrs. Mattie Lee Broadbeck
 (a) Residence. No. Admiral & Holmes St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 8 mos. _____
 How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marcus Frederick Broadbeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 - 1905

7. AGE: YEARS 22 MONTHS 9 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Nurse
 (b) General nature of industry, business, or establishment in which employed (or employer) Bullocks Sausage Co.
 (c) Name of employer Overland Park Kans.

9. BIRTHPLACE (CITY OR TOWN) Phayer Kansas
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm. Luther Barke
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nephus Mo.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Effie Patterson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Atouva Iowa
 (STATE OR COUNTRY)

14. INFORMANT Wm L Barke
 (Address) Neodesha Kansas.

15. FILED 5/12 28 M M Crowe
Best REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Thursday
 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1928
 17. Coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental? Aspiration.
1928
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ da.

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? Analysis
 (Signed) H. E. Moore, M. D.
5-10-1928 (Address) 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 Neodesha Kansas. DATE OF BURIAL 5-13-1928

20. UNDERTAKER Ogden Funeral Home ADDRESS 1800 Linwood

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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT RECORD

