

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

Do not use this space.

17433

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1908

File No. 2414  
Registered No. 2414 St. 2 Ward)

**2. FULL NAME**

(a) Residence No. 1122 1/2 Campbell St. 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk. 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Painter  
(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) Louisiana

10. NAME OF FATHER Henderson Braddy

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

12. MAIDEN NAME OF MOTHER Clara Cook

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

14. INFORMANT (Address) Maude Williams 1052 N. J. C. St.

15. FILED 6/3 1928 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/3/1928

17. I HEREBY CERTIFY That I attended deceased from May 24, 1928, to May 31, 1928, that I last saw her alive on May 31, 1928, and that death occurred, on the date stated above, at 8 P. m.

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

Ulcer Stomach (Gastric)  
117A  
122A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Rupture (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. C. Woodland, M. D. (Address) 1016 Woodland

\*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 Westlawn DATE OF BURIAL 6-4 1928

20. UNDERTAKER Hatkins 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.

J. C. Unthank.