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

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
CERTIFICATE OF DEATH

399

Do not use this space.

40811

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kaw — Primary Registration District No. — Registered No. 5181
City Kansas City Mo (No. 3100 Euclid St. Ward)

2. FULL NAME Mrs Alice Brockman
(a) Residence. No. 1873 Benton Blvd St., 9 Ward. Kansas City Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm T Brockman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 31 1859

7. AGE: 69 YEARS, 3 MONTHS, 15 DAYS. If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Ohio

PARENTS
10. NAME OF FATHER: not Farris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not Known

14. INFORMANT: Albert C. Frazer
(Address) 1873 Benton

15. FILED 12/17, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 15th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1928, to Dec 15th, 1928 that I last saw her alive on Dec 15th, 1928, and that death occurred, on the date stated above, at 12.05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy (cerebral hemorrhage)
88 A
97 74 A
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): cerebral arteriosclerosis
(duration) Dont Know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont Know
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Herman S. Majors, M. D
Dec 15, 1928 (Address) 3100 Euclid Ave Kansas City 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: Forest Hill Cem — DATE OF BURIAL: Dec 19 1928

20. UNDERTAKER: John W Wagner 1409 — ADDRESS: Grand Ave