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

Do not use this space.

1477

File No.

Registered No. 61

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. East Side Hospital St. Ward)

2. FULL NAME Mrs. Florence Brackmann

(a) Residence. No. 5604 East 16th St. St., 12 Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Earl Brackman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 22 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	22	—	14	

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) Missouri

PARENTS

10. NAME OF FATHER: Albert Durst

11. BIRTHPLACE OF FATHER (CITY OR TOWN):

(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER: Sophie McNamara

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):

(STATE OR COUNTRY) Kansas

14. INFORMANT: Albert Durst

(Address) 5604 East 16th

15. Filed Jan 7, 19 29 M. M. Crowe Registrar

asr

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1928, to Jan 6, 1929, that I last saw her alive on Jan 6, 1929, and that death occurred, on the date stated above, at 11-15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sepsis from Miscarriage

140

146 1413

3d (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Acute Anaemia from hemorrhage (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 4-1928

WAS THERE AN AUTOPSY? Removed placenta

WHAT TEST CONFIRMED DIAGNOSIS? assisted by Dr R R Leslie

(Signed) R R Leslie, M. D.

1-7, 1929 (Address) 1529 Linwood

*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	DATE OF BURIAL
Atchison, Kansas	1/9/29 19
20. UNDERTAKER	ADDRESS
Quirk & Tobin Co.	20 W 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.

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

48 10 9 262 1 2 2