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

Do not use this space. 1646

File No. 5 237

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City (No. 439 Montgall St. Ward)

2. FULL NAME Frederick William Brucker

(a) Residence. No. 439 North Montgall St., 9 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Christine Brucker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	38	6	12	

8. OCCUPATION OF DECEASED 1218 129

(a) Trade, profession, or particular kind of work Policeman

(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) Mo.

PARENTS

10. NAME OF FATHER Charles Brucker

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

12. MAIDEN NAME OF MOTHER Josephine Tiemann

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

14. INFORMANT Mrs Rose Brucker
(Address) 439 No. Montgall

15. FILED 1-17 1929 M. McGovern asst REGISTRAR

182

1

10

10

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1928, to Jan. 15, 1929, that I last saw h... alive on Jan. 15, 1929, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subphrenic abscess with localized Peritonitis.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) acute Suppurating appendicitis with periappendiceal abscess 1 2 26

(duration) yrs. 2 mos. 26 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 117B

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) James Middleton, M. D.

1-16, 1929 (Address) 424 N. Montgall ave.

*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
Elmwood Cemetery	1/18/29

20. UNDERTAKER	ADDRESS
R V Lindsey & Son	K.C. Mo.