

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

Do not use this space.

1773

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City (No. 1002)

Registration District No. 399

File No. 365
Registered No. 365
St. Ward

2. FULL NAME

Lafayette Brooks
(a) Residence. No. 1216 Tracy St., Ward

(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U.S., if of foreign birth? 1 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 - - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Clerk
(Address) Old City Hospital

15. FILED 1-25-29 M. M. Crow REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7-29

17. 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 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide - Shot Wound
of Abdomen
(duration) 19 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1914 1917
(duration) 19 yrs. mos. da.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/7/29

17 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Dr. Henry M.D.
19 (Address) Deputy 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 Blue Ridge DATE OF BURIAL Jan 26, 1929

20. UNDERTAKER Adkins Bros - ADDRESS 2000 E. 12th

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.

THIS IS A PERMANENT RECORD

