

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

Do not use this space.

6792

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St Joseph Hosp) St. _____ Ward _____

File No. _____
 Registered No. 958
 St. _____ Ward _____

2. FULL NAME

Ara M Brawdy, St. _____ Ward Dover mo
 (a) Residence No. _____ (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Maud Brawdy</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 29th 1879</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>-</u>	DAYS <u>28</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Stationary Fireman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>K.P. Bridge Co. & Coal</u> (c) Name of employer <u>Dover mo</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
10. NAME OF FATHER <u>Wm Brawdy</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dout Know</u>		
12. MAIDEN NAME OF MOTHER <u>Emily Teach</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
14. INFORMANT (Address) <u>Mrs Eward Lancaster</u> <u>Dover mo.</u>		
15. FILED <u>3/27</u> , 19 <u>29</u> <u>M. M. Lescoe</u> REGISTRAR <u>Assn</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1928

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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental automobile
fracture, Doves
mo.
2:10 PM (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Car ran on bridge (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Stanley M. Hall, M. D.
327 . 1929 (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 <u>Mt Washington Cem</u>	DATE OF BURIAL <u>3/28/29</u>
20. UNDERTAKER <u>H. F. Mayberry No</u>	ADDRESS <u>City mo</u>

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.

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