

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

Do not use this space.

28026

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. General Hospital #2)

Registration District No. 399  
Primary Registration District No. 902

File No. ....  
Registered No. 3729  
St. .... Ward

**2. FULL NAME**

Donella Brockington  
(a) Residence. No. 925 Michigan St. Ward. 2  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/3/29 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 8/3/29 1929 to 8/3/29 1929, and that I last saw him alive on 8/3/29 1929, and that death occurred, on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1909

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
20 1 4

18 Meningitis  
18 Epidemic  
(duration) ..... yrs. .... mos. .... ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Domestic  
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family  
(c) Name of employer

CONTRIBUTORY (SECONDARY) 18  
(duration) ..... yrs. .... mos. .... ds.

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

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

10. NAME OF FATHER Fred Brockington

0 DID AN OPERATION PRECEDE DEATH? no DATE OF Sept 1-29

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

WAS THERE AN AUTOPSY? yes

12. MAIDEN NAME OF MOTHER Ella Howard

WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
(Signed) Shirley White M. D.

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

8/3 1929 (Address) Wright Coronel

\*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.

14. INFORMANT Ella Brockington  
(Address) 925 Michigan

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE OF BURIAL Sept 4, 1929

15. FILED 9/3 1929 M. M. Crowe REGISTRAR  
Ans

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. AGE should be stated EXACTLY. Physicians should state EXACTLY.

244  
2  
2  
2

