

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

Do not use this space.

23017

399

**1. PLACE OF DEATH**

County Jackson  
Township Rauy  
City Kansas City (No. 716 Elmwood Ave. St. Ward)

Registration District No. 1002  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 3009

**2. FULL NAME**

John Smith Broughton

(a) Residence No. 716 Elmwood St., 10 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Whitehead Broughton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>10</u>	<u>0</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Architect  
(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) Kentucky

10. NAME OF FATHER Wm. H. Broughton

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

12. MAIDEN NAME OF MOTHER Lilly Viviane

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

14. INFORMANT Mrs. Mary W. Broughton  
(Address) 716 Elmwood Ave

15. FILED 7/22, 1930 M M Evans REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930, to July 20, 1930.  
that I last saw him alive on July 20, 1930, and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

53E  
Carcinoma of neck  
(duration) yrs. 3 mos. 20 ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) H V Anderson, M. D.

July 22, 1930 (Address) 80 15 Elmwood

\*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

Wm. Washington Cemetery 7-22 1930

20. UNDERTAKER Stone & McClure ADDRESS 10 City, Mo

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

Wm. W. Carding 805 Elmwood  
Ben 1746