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

Do not use this space.

30152

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 30152

Township Kaw — Primary Registration District No. 1002 — Registered No. 43960

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME ROBERT M. BROCKETT

(a) Residence. No. Georgian Court Apartments St., 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 Alice Turner Brockett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 31, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	8	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Vice President and Treasurer of C. A. Brockett

(b) General nature of industry, business, or establishment in which employed (or employer) Cement Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles A. Brockett

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

12. MAIDEN NAME OF MOTHER Hettie Mackey

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

14. INFORMANT Robert M. Brockett, Jr.
(Address) 722 Ward Parkway

15. FILED 9/29, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-29 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 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:
Suicide, chloroform
a poison

163X (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 165 (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.

9/29, 1930 (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~~ Elmwood Cemetery — DATE OF BURIAL 9-30 1930

20. UNDERTAKER Stine & McClure Gillham — ADDRESS 3235

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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