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

Do not use this space.

33124

File No. 4357

Registered No.

1. PLACE OF DEATH
County Jackson
Township Blue
City Leeds Stat K.C. Mo No. Leeds Hospital St. Ward)

Registration District No. 109
Primary Registration District No. 502

2. FULL NAME Arthur Brodeur
(a) Residence. No. 5318 Chestnut St., 16 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 Colored
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (*write* the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 1898

7. AGE 32 YEARS MONTHS 4 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Richard Broden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Mary Malet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT L. B. Hosp
(Address) Leeds Hospital

15. FILED 10/28 1930 M. M. Crowe REGISTRAR
Asst

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1929, to Oct 25, 1930 that I last saw him alive on Oct 25, 1930 and that death occurred, on the date stated above, at 6:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary Tuberculosis
2 SR
(duration) 1 yrs. 1 mos. 22 ds.

CONTRIBUTORY (SECONDARY) none
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) Edwin Hee, M. D.
Oct 27, 1930 (Address) 1830 Vine St., K.C. Mo

*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 Lawn Cem
DATE OF BURIAL Oct. 30 1930

20. UNDERTAKER Wm. Appleton & Jones
ADDRESS K.C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.