

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

Do not use this space.

4607

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 817 East 31st)

Registration District No. 389
Primary Registration District No. 1002

File No. 158
Registered No. 158
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 815 Glenmary Place 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 5-1922</u>		
7. AGE YEARS <u>9</u>	MONTHS <u>11</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>4th Grade</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hyde Park School</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fort Scott, Kansas</u>		
13. NAME <u>Aubrey B. Brogan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>May Danner</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mr. Aubrey B. Brogan</u> (ADDRESS) <u>815 Glenmary Place</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>February 6, 1932</u>		
19. UNDERTAKER <u>D. N. Newcomer's Sons</u> (ADDRESS) <u>Kansas City, Missouri</u>		
20. FILED <u>75</u> <u>32 M. 78</u> <u>Chow</u> <u>arr</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 3, 1932

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____
Deputy Coroner
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Accidental Broken Neck
212 F / 800
212 M / 800
Date of onset _____

Other contributory causes of importance:
Fell while skating
(7) / 14

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 2/3/32
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place, _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Chauncy M. Hall M. D.
(Address) Deputy Coroner

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.

