

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw. Primary Registration District No. 1002
 City Kansas City (No. 3723, Montgal) St. _____ Ward _____

29499
 File No. _____
 Registered No. 3673

2. FULL NAME

Martin Johnson Broskey
 (a) Residence, No. 3723 Montgal _____ 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 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 Ethel M. Broskey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 - 1876

7. AGE YEARS 56 MONTHS 6 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Parcel Post

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Montgomery Ward

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) Michigan

13. NAME John Broskey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christiansburg Norway

15. MAIDEN NAME Johanna Jacobson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christiansburg Norway

17. INFORMANT (ADDRESS) Mrs Ethel M. Broskey 3723 Montgal

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct 1 1932

19. UNDERTAKER (ADDRESS) Eclair Funeral Home R. C. Mo.

20. FILED 9/30 1932 M M Cline Registrar

MEDICAL CERTIFICATE OF DEATH Wed.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1929 to Sept 28 1932
 I last saw him alive on Sept 28 1932 Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic) Date of onset 1929

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____ 19 _____
 Where did injury occur? no
 (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? no
 If so, specify _____
 (Signed) J. H. Kallert M. D.
 (Address) 737 Kaley Bld Kansas City

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

Dr. W. L. Halister Luthrop Blag Vector 9628
Res. 2614 E. 9th Benton 3199
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