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.

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

Do not use this space.

40118

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No. 5126
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Joselyn Brosseau
(a) Residence, No. 4816 Roanoke Rd 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 f
4. COLOR OR RACE W
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) 12-29-32
7. AGE YEARS MONTHS DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) K.C. Mo 1

FATHER
13. NAME Conrad L. Brosseau 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall River Mass 2

MOTHER
15. MAIDEN NAME Helen Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Mo. 1

17. INFORMANT (ADDRESS) Mr Brosseau 4816 Roanoke
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE 19
19. UNDERTAKER (ADDRESS) None
20. FILED Dec. 31, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to Dec 31, 1932
I last saw her alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 7 15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
159 Premature Birth	
159 (1)	

Other contributory causes of importance:

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 ....., 19....
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) Fred B. Kuyer, M. D.
(Address) 510 Prof Bldg