

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

Do not use this space.

29699

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
 Township.....KAW..... Primary Registration District No. 1007
 City.....Kansas City..... (No. 243 East 72nd St. Terrace)..... St. Ward)

File No.
 Registered No. 3625

2. FULL NAME Alice Thomas Brodie

(a) Residence, No. 243 E. 72nd St. Terrace..... 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 Female 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 Arthur F. Brodie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 18

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

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) Buffalo
 (STATE OR COUNTRY) New York

13. NAME Geo. W. Thomas

14. BIRTHPLACE (CITY OR TOWN) No information
 (STATE OR COUNTRY)

15. MAIDEN NAME Alta May Bracken

16. BIRTHPLACE (CITY OR TOWN) No information
 (STATE OR COUNTRY)

17. INFORMANT Arthur F. Brodie
 (ADDRESS) 243 E. 72nd St. Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington Cemetery DATE Sept 14, 1933

19. UNDERTAKER Steiger & Mc. Clure
 (ADDRESS) 3235 Melham Place

20. FILED 9/13 1933 M. M. Grobe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933 to Sept 17, 1933

I last saw him alive on Sept 17, 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis with Myocardial Fibrosis
Ventricular Fibrillation
930
 Other contributory causes of importance:
94 f. Branchial Cleft 8/17/33

Name of operation no. Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

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) Law S. King M. D.
 (Address) Box 494, Liberty

WHITE 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.

OCT 20 1933

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