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.

NOV 10 1933

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

Do not use this space.

32962

File No. 3890

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township East — Primary Registration District No. 1002

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Elmer Brody

(a) Residence, No. 2634 Prospect St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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: Minnie Brody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No Record

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

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: No employed

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): Missouri

FATHER

13. NAME: Thomas J. Brody

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Allie Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Ella Pogue, 45-11-E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Brookings Cemetery DATE: Oct 4, 1933

19. UNDERTAKER (ADDRESS): Short Funeral Home, 6606 Independence Ave

20. FILED: Oct 3, 1933 — M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/2/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., 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:

Cerebral hemorrhage (old)

Cerebral arteriosclerosis

Other contributory causes of importance:

Name of operation: Autopsy Date: yes

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) M.D.

(Address)

DEP-COT