

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 6114 Walnut)

Registration District No. 389
Primary Registration District No. 0002

File No. 12818
Registered No. 75
St. _____ Ward _____

2. FULL NAME Katherine Lottin Brosnahan

(a) Residence, No. 6114 Walnut St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) June 12 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-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) Kansas City Missouri

FATHER 13. NAME Earl Brosnahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Helen Lottin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Earl Brosnahan (ADDRESS) 6114 Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cen DATE April 1934

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) 30 W. LIN. COG

20. FILED Apr 6 1934 m. m. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934, to April 5 1934

last saw her alive on 4-5 1934 Death is said to have occurred on the date stated above, at 4:50 p. m.

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

Acute endocarditis Date of onset 1-2-34

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) W. J. Welch M. D.

(Address) 35 Rialto

Mr. J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Sir:

Reference is made to your letter of the 11th instant, in which you advised that you had received information from a confidential source that a certain individual had been in contact with a certain individual in the city of New York.

The confidential source has advised that the individual in question is a member of the Communist Party, U. S. A., and is active in the city of New York.

The confidential source has also advised that the individual in question is in contact with a certain individual in the city of New York, who is also a member of the Communist Party, U. S. A.

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