NOV 18 1935

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

Do not use this space.

31951

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph Mo (No. State Hospital No 2 St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1097

2. FULL NAME Thomas Brosfield
(a) Residence, No. 1801 Mulberry St., 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 M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Brosfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1858

7. AGE YEARS 77 MONTHS Unknown DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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) Unknown Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) State Hosp Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL State Hospital
PLACE St Joseph Mo DATE Oct. 25 1935

19. UNDERTAKER (ADDRESS) F. O. Lidenfeder 1802 Union Sta St Joseph Mo

20. FILED 10-25 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, to Oct 24, 1935
I last saw him alive on Oct 23, 1936. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Pylorus — Date of onset Indefinite

Other contributory causes of importance agt

Name of operation no Date of no
What test confirmed diagnosis? Clin 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? (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 None

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. E. Miles, M. D.
(Address) State Hosp No 2

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.