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.

JUN 17 1936

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

Do not use this space. 19602

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2560

City Kansas City (No. 3234 Graner St. Ward)

2. FULL NAME Earle E. Brackmann

(a) Residence, No. 63rd & 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cornelia Brackmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	33	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of Continental Can Company, No.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kansas City, Mo.

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 Louis T. Brackmann

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

MOTHER

15. MAIDEN NAME Addie Fieue

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

17. INFORMANT W. H. Brackmann, 2428 E. 70th St. (ADDRESS) Kansas City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cem. PLACE Kansas City, Mo. DATE May 25, 1936

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED May 25 1936 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/36, 19

22. I HEREBY CERTIFY That I attended deceased from Sept. 19 Grave, 19

I last saw alive on P, 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:

Intermittent hemorrhagic Anemia

Crushing injury of Chest

Rupture of the spleen

Date of onset

Other contributory causes of importance:

No

Name of operation Autopsy 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? Accident Date of injury 5 Sept 36

Where did injury occur? 63rd & Prospect Kaw (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Raymond Astor Car

Nature of injury Smith Car.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]

AUG 13 1941