NOV 16 1936

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

Do not use this space.

37716

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4580

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

City Kansas City (No. 1641 Belleview St. Ward)

2. FULL NAME Thomas Bross

(a) Residence, No. 1641 Belleview 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: 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: Barbara Bross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 12, 1888

7. AGE: Years 48 — Months 6 — Days 2 — 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.: Gas Co.
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): Jugo Slavia

FATHER
13. NAME: Izidore Bross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugo Slavia

MOTHER
15. MAIDEN NAME: Mary Koratic
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugo Slavia

17. INFORMANT (ADDRESS): Barbara Bross, 1641 Belleview

18. BURIAL, CREMATION, OR REMOVAL: C. K.
PLACE Mt Calvary K. DATE Oct. 17, 1936

19. UNDERTAKER (ADDRESS): Stine Funeral Chaple, 340 N 6th St. Kansas City Ka

20. FILED Oct 16, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28th, 1936 to Oct 14th, 1936.
I last saw him alive on Oct 14, 1936. Death is said to have occurred on the date stated above, at 7:30 A. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of testicle — Date of onset July 36

Other contributory causes of importance:

Name of operation: 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? — 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) H. M. Brathwaite, M. D.
(Address) 10 N. James K. Kans

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

S. No. 2 100M-1-20-36 X7044