

MAR 1 1937

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

Do not use this space.

6270

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No.

Township Kaw

Primary Registration District No. 1002

Registered No. 650

City Kansas City

(No. St. Lukes Hosp.)

St. Ward)

2. FULL NAME Mrs. Emma Broman

(a) Residence, No. 1427 College St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENNING BROMAN

22. I HEREBY CERTIFY, that I attended deceased from Jan 15, 1937 to Feb 2, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 9 - 1869

I last saw her alive on Feb 2, 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.

7. AGE YEARS 67 MONTHS 1 DAYS 24 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Acute urinary suppression (acute Renalitis - renal syndrome) Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN

Other contributory causes of importance: Chronic jaundice

13. NAME SVEN HULTIN

Chronic pyelonephritis - Non Malignant

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

Name of operation ureterectomy Date of
What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME MARY

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT MR. HENNING BROMAN (ADDRESS) 1427 COLLEGE

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE FEB. 5 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 1537 M. M. GROVE

(Signed) E. L. Miller, M. D.
(Address) 1032 Progress

20. FILED 15 37 M. M. GROVE Registrar.

Red No.

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.

~~5432 Wyandotte~~

~~7c 0967~~

1032 Prof. Bldg.

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