

JUL 10 1939

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

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
 (b) Township Kaw Primary Registration District No. 2
 (c) City K. C. Mo. (d) Street No. Research Hospital 2548 St. Registered No. 2548
 (e) Length of residence in city or town where death occurred yrs. mos. da. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 636 Daniel D. C. Broderick

(a) Residence, No. 636 St. D. C. Broderick Muncie, Indiana
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Broderick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 3 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler Mfg.
 9. Industry or business in which work was done, as 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) Wood County, O.

FATHER 13. NAME Daniel Broderick,

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

MOTHER 15. MAIDEN NAME Mary McGeeney

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

17. INFORMANT Mr. Mike Sullivan
 (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lima, Ohio DATE June 24, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner
 (ADDRESS) Kansas City, Mo.

20. FILED 6/24 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-10-39, 1939, to 6-23, 1939.
 I last saw him alive on 6-23, 1939. Death is said to have occurred on the date stated above, at 5:03 m. pm
 The principal cause of death and related causes of importance were as follows:

Pneumonia of
Coronary
Artery
 Date of onset

Other contributory causes of importance:
Branch Pneumonia
Dist. operator of valves
 Name of operation Effluents and drainage Date of 9/10/39
 What test confirmed diagnosis Wassermann 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 _____, 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) Small Search, M. D.
 (Address) 924 Prof Bldg
100 200

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.

1 X19605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. R. Haussehel

Licensed Embalmer No. 4062

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.