

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

Do not use this space.

33645

1. PLACE OF DEATH

County Jackson
Township East
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 225
Registered No. 225
St. _____ Ward _____

2. FULL NAME

Anna Brood
(a) Residence, No. 4116 Charlotte St. 6 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 16 yrs. ✓ mos. ✓ da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. ~~IF~~ MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Frank Brood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 2 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ezechoslovakia
(STATE OR COUNTRY)

10. NAME OF FATHER Pokorny

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ezechoslovakia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Data
(STATE OR COUNTRY)

14. INFORMANT Miss Mary Brood
(Address) 4116 Charlotte St

15. FILED 10/15 2 PM M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 22 28, 1928 to Oct 15 28, 1928.
that I last saw him alive on Oct 14 28, 1928 and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Fracture right femur acc. fall at home
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
Signed J. B. White, M. D.
Oct 15 1928 (Address) 925 Long St

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wt Memorial County DATE OF BURIAL 10-17 1928

20. UNDERTAKER J. J. Mayberry ADDRESS Kans City, Mo

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.

Dr. P. A. [unclear]
[unclear] [unclear] [unclear]
[unclear] [unclear]