

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

Do not use this space.

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1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Gen. Hoops No. 2) St. _____ Ward _____
 2. FULL NAME Broadway, Emanuel ?
 (a) Residence. No. 1225 Babcock, apt. M St. 2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26, 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Broadway

17. I HEREBY CERTIFY, That I attended deceased from 12:15 AM Feb. 26, 1930 to Feb. 26, 1930 (that I last saw him alive on Feb. 26, 1930 and that death occurred, on the date stated above, at 9:15 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20-1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
? 34 1 6

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic cerebrospinal meningitis

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. ? porter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 24 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Portland, Ark. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER ? Geo Broadway

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER ? Sylvia Public

WHAT TEST CONFIRMED DIAGNOSIS Bacteriological
 (Signed) Howard M. Smith M.D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark. (STATE OR COUNTRY)

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

14. INFORMANT Geo Broadway
 (Address) 605 Richmond St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL West Lawn Cem DATE OF BURIAL 2-3-1930

15. FILED 3/1 1930 M. M. Crowe REGISTRAR
asst

20. UNDERTAKER W. B. Moore ADDRESS 1820 E 18th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated. DO NOT SIGN THIS CERTIFICATE.

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