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.

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

Do not use this space.
18069
2210

File No.
Registered No.

399
Registration District No.
1002
Primary Registration District No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 301 W. 51st St. St. Ward)

2. FULL NAME James Broughton.
(a) Residence, No. Decauter Ark. 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: M
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Broughton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun. 23. 1860

7. AGE: Years 70 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1
9. Industry or business in which work was done, as silk mill, 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) Penn. 2

FATHER
13. NAME Jonah Broughton.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME T.F. Sturgis.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. B. E. Bush.
(ADDRESS) 301 W. 51st St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clifton - Kans DATE May 18 1931

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City Kans.

20. FILED 5-16 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to May 16, 1931
I last saw him alive on May 16, 1931. Death is said to have occurred on the date stated above, at 5 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1929
Coronary Thrombosis	1929

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Electrocardiogram 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? no
If so, specify
(Signed) George C. Lee, M. D.
(Address) 202 Argyle Bldg. Kansas City, Mo