

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

Do not use this space.

34421

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Can Primary Registration District No. _____
 City Kansas City (No. Kansas City General Hospital St. _____ Ward)

File No. _____
 Registered No. 4136

2. FULL NAME

Broscheid G. P. George P. Broscheid
 (a) Residence, No. 1110 Jefferson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Broscheid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-8-1901

7. AGE YEARS 30 MONTHS 2 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Fireman

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) Calado Missouri

13. NAME P. W. Brockie

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

15. MAIDEN NAME Lena Mathman

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

17. INFORMANT Reed G. Clark (ADDRESS) Kansas City Cent. Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception Mo. DATE 10-13-1931

19. UNDERTAKER J. P. Lewis Funeral Home (ADDRESS) R. C. 220

20. FILED 10/12 19 31 M. M. Lawrence Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-12- 1931, to 10-11- 1931

I last saw him alive on 10-11- 1931. Death is said to have occurred on the date stated above, at 1:50 p.m.

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

Liver Abscess
21A
12 FEB
1931

Other contributory causes of importance: gangrenous Appendix

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

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) P. E. Williams, M. D.
 (Address) Gen Dept

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.

