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

SEP 20 1934

Do not use this space.

29554

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29554
Township — Primary Registration District No. 1002 — Registered No. 3973
City Kansas City (No. K C General Hosp St. Ward)

2. FULL NAME John W. Broyles
(a) Residence, No. 1523 E 15th St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 7 1866

7. AGE: YEARS 68 — MONTHS 7 — DAYS 17 — IF LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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): Kentucky

FATHER
13. NAME: John Broyles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Margaret Smallwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Record Clerk K C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 8-27 1934

19. UNDERTAKER (ADDRESS): Peter B Tapelina

20. FILED 8/27 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1934 to 8-24, 1934
I last saw him alive on 8-24, 1934. Death is said to have occurred on the date stated above, at 5:20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Chronic Nephritis — Date of onset

131
93

Other contributory causes of importance:

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) J H Jennett, M. D.
(Address) Supt K C Gen Hosp KC Mo