

FEB 20 1936

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

Do not use this space.

1203

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Joseph Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 56
St. _____ Ward

2. FULL NAME Mrs. Eleanor Edmonds Broadus

(a) Residence, No. 3639 Paseo St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Edward E. Broadus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
26 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Missouri13. NAME O. A. Edmonds14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Clara Robb16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Edward E. Broadus
(ADDRESS) Kansas City, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 1-7-36 1919. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Missouri20. FILED Jan 6 1936 M. M. Jerome
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 7 - 36 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1935 to Jan 5 1936
I last saw h. or alive on Jan 5 1936 Death is said to have occurred on the date stated above, at 11:12 a.m.

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

General Peritonitis secondary to Date of onset Jan 22
long to intestinal obstruction

Other contributory causes of importance:

Ectopic Pregnancy (ruptured) Date Dec 22
Operation 12-23-35

Name of operation Removal of tube at Date of 12-25-35
operation What test confirmed diagnosis? Operation 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? No
If so, specify _____

(Signed) Harry L. Jones, M. D.
(Address) Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

- Harry K. Jones
Orange Bluff.

vi. 0848

2-5 P.M.