

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

Do not use this space.

15066

**MAY 15 1937**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kear Primary Registration District No. 1602  
 City 15 Kansas City, Mo. St. Luke's Hosp File No. \_\_\_\_\_  
 Registered No. 1612 Ward \_\_\_\_\_

2. FULL NAME Paul Broquet  
 (a) Residence, No. Norton, Kansas St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fidel Broquet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>62</u>	<u>55</u>	<u>9</u>	<u>3</u>	

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

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 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

MOTHER FATHER

13. NAME Leon Broquet

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

15. MAIDEN NAME Cliee Gardeur

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

17. INFORMANT Mrs. Paul Broquet  
 (ADDRESS) Norton, Kansas

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Norton, Kansas DATE April 4 1937

19. UNDERTAKER (ADDRESS) Morton Fumhal Bone  
15 Kansas City, Mo

20. FILED Apr 4, 1937 11:31 a.m. Home  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9-37, 1937, to 4-3-37, 1937  
 I last saw him alive on 4-3-37, 1937. Death is said to have occurred on the date stated above, at 8 P m.  
 The principal cause of death and related causes of importance were as follows:  
Tuber pneumonia Date of onset \_\_\_\_\_  
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Other contributory causes of importance:  
(Tuberculosis - primary)  
Cholecystitis, Cholelithiasis  
Cholecystectomy Date of 3/10/37  
 Name of operation \_\_\_\_\_ Was there an autopsy? Yes  
 What test confirmed diagnosis? \_\_\_\_\_

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) Carl B. Schutz M. D.  
 (Address) 157 C. W. 63 \_\_\_\_\_

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.

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