APR 23 1930

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

Do not use this space.

7804

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 348

City St Joseph (No. 2434 South 6 Street St. Ward)

2. FULL NAME Walter T Broughton

(a) Residence. No. 2434 So. 6 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 22, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	0	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired River Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Government

9. BIRTHPLACE (CITY OR TOWN) Cedar Co.
(STATE OR COUNTRY) Nebraska

PARENTS

10. NAME OF FATHER Meade Broughton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Delilah

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa

14. INFORMANT Delilah Broughton
(Address) 2434 So. 6 St- St Joseph Mo

15. FILED MAR 17 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1930, to March 16th, 1930 that I last saw him alive on March 15, 1930, and that death occurred, on the date stated above, at 12/12 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of face & side of neck

52
53 E

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 48

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at the place of death

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4 months since

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms of cancer

(Signed) John H. Sampson, M. D.

Mar. 17 1930 (Address) 428½ Edmond street

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ~~St Olivet~~ Cemetery King Hill

DATE OF BURIAL Mar. 18 1930

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St

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.