APR 30 1930

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

Do not use this space.

11314

1. PLACE OF DEATH

County: Dunklin — Registration District No.: 810

Township: Little Ash — Primary Registration District No.: 4488

City: Kennett — (No. ..... St. ..... Ward)

File No. .....

Registered No. 23

2. FULL NAME Martha Ann Broadwater

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. J. Broadwater

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 26, 1841

7. AGE			
89 YEARS	MONTHS	2 DAYS	If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Scotland County, Mo

PARENTS

10. NAME OF FATHER Jacob Dowd

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

12. MAIDEN NAME OF MOTHER Harriet Downing

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

14. INFORMANT E. G. Broadwater
(Address) Havre, Montana

15. FILED 4/2, 1930 — C. E. Carnick, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1930, to Mch 27, 1930, that I last saw h. alive on Mch 27, 1930, and that death occurred, on the date stated above, at 12.30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy.
Left Hemiplegia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. E. Carnick, M. D.

4/2, 1930 (Address) Memphis, Mo.

*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	DATE OF BURIAL
Memphis cemetery	3/30/1930
20. UNDERTAKER	**ADDRESS**
W. H. Payne & Sons	Memphis

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.