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

Do not use this space.

8891

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 320

City: St. Joseph. (No. 2345 Ashland Ave. St. Ward)

2. FULL NAME Sarah Ellen Broom

(a) Residence. No. St., Ward. Tulsa, Okla.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 21 1931

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: George Broom

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb, 21, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	1	3	

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

9. BIRTHPLACE (CITY OR TOWN): Senecaville, ~~Ohio~~.
(STATE OR COUNTRY): Ohio.

PARENTS

10. NAME OF FATHER: Elijah Millhon

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown 31

12. MAIDEN NAME OF MOTHER: Susan Casner

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

14. INFORMANT: Lou Broom
(Address): 2345 Ashland Ave.

15. FILED 3-26-31, 19 John R Bender REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, 24, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to March 23, 1931 that I last saw her alive on Mar. 23, 1931, and that death occurred, on the date stated above, at 6.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneum.
11 A
107 A
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank Hanlevan, M. D.
3/24/, 1931 (Address) Kirkpatrick Bldg St Joseph 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: Mt. Auburn Cemetery — DATE OF BURIAL: Mar, 26, 19 31

20. UNDERTAKER: Walter Moerhoffer — ADDRESS: 1302 Faraon 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.