

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

6678
Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH *2*

(a) County *Leward* Registration District No. *380*
 (b) Township *1* Primary Registration District No. *4224* Registered No. *3*
 (c) City *New Franklin* (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *632 Jack Broadus*

(a) Residence, No. *New Franklin Mo.* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Negro.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Luey Broadus*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24 - 1865*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>73</i>	<i>1</i>	<i>19</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as saw mill, bank, etc. *Farm*

10. Date deceased last worked at this occupation (month and year) *Apr 1939* 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leward Mo.*

FATHER 13. NAME *Rector Broadus*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

MOTHER 15. MAIDEN NAME *Fannie Kingsbury*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT (ADDRESS) *Chas. Hughes
New Franklin Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt Pleasant* DATE *2/16/39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *C. S. Keene
New Franklin Mo.*

20. FILED *2-15-1939* *Clara T. Landrum*
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/12/39* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 11*, 19*38*, to *Feb 11*, 19*39*
 I last saw him alive on *Feb 11*, 19*39*. Death is said to have occurred on the date stated above, at *12:30* p. m.
 The principal cause of death and related causes of importance were as follows:
metastatic carcinoma of Lung
Pulmonary haemoptysis
51
 Other contributory causes of importance:
carcinoma of prostate

Date of onset	<i>unknown</i>
	<i>Feb 8-39</i>
	<i>unknown</i>

Name of operation *none* Date of _____
 What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* 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) *H. L. Chamberlain*, M. D.
 889 (Address) *New Franklin Mo*

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.

STATE BOARD OF HEALTH
DIVISION OF PUBLIC HEALTH
BOSTON, MASSACHUSETTS

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed R. L. Hall

Licensed Embalmer No. 3515

P. O. Address R. L. Hall

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

New Franklin,

If this body is not embalmed, above space should be left blank.