

1939 OCT 13 1939

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

33796
Do not use this space.

1. PLACE OF DEATH
 (a) County Washington Registration District No. 887
 (b) Township Butler Primary Registration District No. 6179
 (c) City _____ (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 William Broomfield
 (a) Residence, No. _____ 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Theresa Bova (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854 (abt)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 abt
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as saw mill, bank, etc. laborer
 10. Date deceased last worked at this occupation (month and year) 20 yrs ago 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stephens Co.
 FATHER 13. NAME Don't Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Tom Fowler
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bond Creek DATE 9/1/39 19.
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spears
 20. FILED Nov 1 1939 G. E. Casade Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1939, to Aug 31 1939
 I last saw him alive on Aug 30 1939 Death is said to have occurred on the date stated above, at _____ A. M.
 The principal cause of death and related causes of importance were as follows:
Bronchitis following cold month to 6 weeks before
 Date of onset _____
 Other contributory causes of importance: 106
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? no
 If so, specify _____
 (Signed) G. E. Casade M. D.
 (Address) Patrol Mr.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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