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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1943

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 121

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits write "RURAL") 4
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Margarete Ann Broughton
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 1st (Month) 1858 (Day) (Year)

8. AGE: Years 84 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name John B Broughton Adopted
13. Birthplace James & Nancy (City, town, or county) McCray (State or foreign country)
MOTHER
14. Maiden name Nancy K McCray
15. Birthplace D K (City, town, or county) U (State or foreign country)
16. (a) Informant F. M. Thurston
(b) Address Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cem
18. (a) Signature of funeral director R Durrett
(b) Address Columbia
19. (a) 5-6-1943 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1943 hour 9.30 minute a M.
21. I hereby certify that I attended the deceased from Apr 1st, 1943 to May 5th, 1943; that I last saw her alive on May 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia Poisoning

Due to Chronic Bright's Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Lloyd Simpson (M. D. or other)
Address Columbia Mo Date signed 5-6-43

(Licensed Embalmer's Statement on Reverse Side)

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.