S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2426

FILED JAN 19 1944

Registration District No. 5-26757 Primary Registration District No. 5-75201 Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Dawn, Missouri. Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home, hill township.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community many years, All his life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Missouri. (b) County Carroll

(c) City or town Dawn, Missouri. RFD (RURAL)
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XX

3. (a) PRINT FULL NAME Nicholas Hubbard Broyles

3. (b) If veteran, name war P

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Katherine Broyles

6. (c) Age of husband or wife if ..... years

7. Birth date of deceased May (Month) 29 (Day) 1861. (Year)

8. AGE: Years 82 Months 7 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Carroll County, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

FATHER
12. Name William Broyles,
13. Birthplace dont know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Hubbard,
15. Birthplace dont know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ora Sutton,
(b) Address Dawn, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/1943. (Month) (Day) (Year)

(c) Place: burial or cremation Enon

18. (a) Signature of funeral director Clifford W. Austin
(b) Address Tina, Missouri.

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd, year 1944. hour 10:30 minute ..... M.

21. I hereby certify that I attended the deceased from Jan 2, 1944, to ....., 19...; that I last saw him alive on Jan 2, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	2 wks.
Due to Senility & Chronic Bronchitis	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 .....

23. Signature R. W. Matheny (M. D. or other) D.O.

Address Tina, Missouri Date signed 1/3/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-6-44

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 Clifford W. Austin

Licensed Embalmer No. #3233.

P. O. Address Tina, Missouri.

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, fact should be so stated above.