V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I *X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25444

Registration District No. FILED AUG 10 1944

Primary Registration District No. 3053

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Nelle McFarland Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent 33

(c) City or town Salem 1 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME James Williams Broyles

3. (b) If veteran, name war —

3. (c) Social Security No. 489-28-7821

4. Sex M D

5. Color or race W.

6. (a) Single, widowed, married, divorced 9

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

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

7. Birth date of deceased Jan. (Month) 11 (Day) 1876 (Year)

8. AGE: Years 68 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Missouri Dent Co. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Jefferson Broyles
13. Birthplace Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Furry
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Bill Broyles
(b) Address Salem Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Hobson & Grantham
(b) Address Salem Mo

19. (a) July 3, 1944 (Date received local registrar) Jesse Hawk (Registrar's signature)

1042

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1944 hour 8 minute 20 a. M.

21. I hereby certify that I attended the deceased from June 17, 1944 to July 1, 1944 that I last saw him alive on July 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92b

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Aubrey M. Faint (M. D. or other)

Address Rolla Date signed 7/3/44

(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 Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Orell E Lickliter

Licensed Embalmer No. 3546

P. O. Address 1 T James Mo

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.