

CAUSE OF DEATH or 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.

SP 28 1927

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

Do not use this space.

24133

1. PLACE OF DEATH

County Harrison  
Township Buttong  
City Buttong (No. ....)

Registration District No. 334  
Primary Registration District No. 4197

File No. 397  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Andrew C. Broyles

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (after the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Louis A. Broyles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 1831

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 96 1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Chucky Valley (STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Jacob F. Broyles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn. (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Lucinda Broyles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know (STATE OR COUNTRY) .....

14. INFORMANT F. H. Broyles (Address) Buttong Miss

15. FILED 9/10 1927 W J Hained REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 20 1927  
17. ....

I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
that I last saw him alive on Aug. 20, 1927, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senility

16 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) F. H. Broyles, M. D.

Aug 20, 1927 (Address) Buttong Miss

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gonestonrough Tenn

DATE OF BURIAL 8-23 1927

UNDERTAKER S. W. Haas ADDRESS Buttong Miss

