

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

Do not use this space.

622

1. PLACE OF DEATH
 County DeKalb Registration District No. 269 File No. 1
 Township Adams Primary Registration District No. 4162 Registered No. 1
 City Weatherby (No.) St. Ward)

2. FULL NAME Iva Beeda Crabill Bromley
 (a) Residence. No. Weatherby St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF wife of L. P. Bromley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1863-2-23

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>	<u>11</u>	<u>7</u>	<u>7</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) House-wife
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Whitney Co., Indiana
 (STATE OR COUNTRY)

10. NAME OF FATHER William Crabill

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

12. MAIDEN NAME OF MOTHER Polly Ann Savage

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Bernice Botterff
 (Address) Maysville Mo.

15. FILED 1-28-1928 J. F. Hedrick
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1927, to Jan 21, 1928 that I last saw her alive on Jan 28, 1928, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of gall bladder
4 1/2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 44 B
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. F. Hedrick, M. D.
 (Address) Weatherby, Mo.

*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 Shanibaugh Cem DATE OF BURIAL Jan 23 1928

20. UNDERTAKER U. G. Pilcher, Maysville, Mo.
 ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state-1

1928

