

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

Do not use this space.

19643

1. PLACE OF DEATH

County Sullivan
Township Pock
City near Regis (No.)

Registration District No. 852
Primary Registration District No. 6120

File No.
Registered No. 25
St. Ward)

2. FULL NAME

Newton A 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 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 23, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 | 2 | 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) France

10. NAME OF FATHER John Broyles

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

12. MAIDEN NAME OF MOTHER Elizabeth Broyles

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

14. INFORMANT A. G. Broyles
(Address) Milan Mo

15. FILED 5/11, 1928 Gertrude McClary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4 1928
30, 1920, to 5-5-5, 1928
that I last saw him alive on 5-5, 1928, and that death occurred, on the date stated above, at 2 o'clock p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis

700 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. D. Truett, M. D.

5-6, 1928 (address) Regis 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 DATE OF BURIAL

White Cem Bowman May 9, 1928

20. UNDERTAKER C. J. Schoer ADDRESS Milan Mo

N. B.—Every item of 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.

