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

Do not write this space.

33109

File No. .....

Registered No. 250

1. PLACE OF DEATH
County: Cole
Registration District No. 213
Township: .....
Primary Registration District No. 3014
City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME: Joseph Leo DeBroeck

(a) Residence. No. 435 Clark 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 7-1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Jefferson City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Louis DeBroeck

11. BIRTHPLACE OF FATHER (CITY OR TOWN): J. C.
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Anna Duddenhoffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lone Creek
(STATE OR COUNTRY): Mo.

14. INFORMANT: Louis DeBroeck
(Address): J.C. Mo.

15. FILED 10-23 1928 S. V. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 21-1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Colitis.
IIIa
IIID
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1128
(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) S. V. Bedford, M. D.
, 19 (Address) Jefferson City

*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: St. Peters Cem.
DATE OF BURIAL: 10-23-1928

20. UNDERTAKER: C. P. Heinrichs
ADDRESS: J.C. 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.