

NOV 22 1928

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

Do not use this space.

34253

1. PLACE OF DEATH

County *Monroe*

Registration District No. *581*

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. *4343-*

Registered No. *35*

City *Monroe City*

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME *John Broderick*

(a) Residence No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

*Quincy Ill.*  
(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

How long in U.S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*Caucasian*

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

*Single*

7A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

*May 1 - 1912*

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*16*

*5*

*4*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*School Boy -*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Wauhan China*

10. NAME OF FATHER

*T. H. Broderick*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Hartford Conn*

12. MAIDEN NAME OF MOTHER

*Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*China*

14.

INFORMANT

(Address)

*J. M. Head Quincy Ill.*

15.

FILED

*Oct. 28 1928*

REGISTRAR

*Deputy*

MEDICAL CERTIFICATE OF DEATH

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

*Oct. 5<sup>th</sup> 1928*

17.

I HEREBY CERTIFY, That I attended deceased from *5:30 P.M. Oct 5 1928*, to *5:40 P.M. 1928*, that I last saw ~~him~~ *her* alive on *Oct 5 1928*, and that death occurred, on the date stated above, at *5:40 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*acute dilatation of heart muscle.*

*43 min*

*few minutes* (duration)

CONTRIBUTORY *over exertion during out ball game* (SECONDARY) (duration) \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. D. Cohee*

*clinical symptoms*

*Oct 5 1928* (Address) *Monroe City 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

*Quincy Ill.*

DATE OF BURIAL

*Oct 6<sup>th</sup> 1928*

20. UNDERTAKER

*Wilson & Son - Monroe City Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

