

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

Do not use this space.

6321

1. PLACE OF DEATH

County Jackson
Township Sni-Bar
City Near Oakland

Registration District No. 345
Primary Registration District No. 5251-a

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mr. Louis McBroome
Near Oakland Church

(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

a few days only

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

yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 19 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 11 14

8. OCCUPATION OF DECEASED cabinet maker and farmer

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co. Mo.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Thos McBroome

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) not known

14. INFORMANT Chas McBroome Kc Mo.
(Address) 2412 Indiana Ave

15. FILED 3/12 1929 F W G White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1929, to Feb. 3, 1929, that I last saw him alive on Feb. 1, 1929, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral Regurgitation
92A

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yr. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF x

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? x

(Signed) John W. Robertson, M. D.
(Address) 19

*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 Oakland Cem. Febr. 5th 1929 DATE OF BURIAL 19

20. UNDERTAKER W M Rappert ADDRESS Buckner 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. MAR 22 1929

