

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

Do not use this space.

2099

18056

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township More Primary Registration District No. 1002  
City Maunapac (No. 2837 Perry)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Ernest 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 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 | 7 | 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Baker salesman  
(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) Mo.

PARENTS  
10. NAME OF FATHER James Broyles  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.  
12. MAIDEN NAME OF MOTHER Clara McLumphan  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

14. INFORMANT Miss Irene Smith  
(Address) 2823 Perry

15. FILED 5/6 29 19 29 M. M. Crowe  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1929

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1929 to May 5, 1929 that I last saw him alive on May 5, 1929 and that death occurred, on the date stated above, at 2:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. \_\_\_\_\_ mos. 7 ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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) C. Huc Cornuck, M. D.  
5/5 1929 (Address) 2602 East 15. St. P. Car

\*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

St Marys May 7 1929

20. UNDERTAKER ADDRESS

Mrs. C. L. Foster G. C. Mo.

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

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.

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