

APR 30 1930

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

Do not use this space.

12434

1. PLACE OF DEATH

County Howard
Township Richmond
City (No.)

Registration District No. 878
Primary Registration District No. 5-20

File No.
Registered No. 19
St. Ward

2. FULL NAME

James Broadus

(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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 2 23

8. OCCUPATION OF DECEASED
(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) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Gordon Broadus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Clarcy Cooper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mr James Broadus (Address) Fayette, Mo

15. FILED 4.10.1930 V. C. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1930, to Apr 3, 1930 that I last saw him alive on Apr 3, 1930, and that death occurred, on the date stated above, at m.

17B THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound in neck perforating jugular vein. Shot fired by another. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intentional murder (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical banding
(Signed) J. B. Rickards, M. D.
, 19 (Address) Fayette 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 Nebo Cemetery DATE OF BURIAL Apr. 6 1930

20. UNDERTAKER Guy J. Halley ADDRESS Fayette 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.

