

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

Do not use this space.

17075

1. PLACE OF DEATH

County Warren
 Township Rickland
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 1004
 Primary Registration District No. 5059

File No. 6
 Registered No. 6

2. FULL NAME

Martin 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. 7 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS 65 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, assayer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER 13. NAME Louis Broyles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill

17. INFORMANT Mrs Beatrice Vaughn
 (ADDRESS) Romas Warrenton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE 5/22 1931

19. UNDERTAKER SW Ross
 (ADDRESS) Ladson Mo.

20. FILED 8/10 B. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 21, 1931
 I last saw him alive on May 21, 1931. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5-21-31

Other contributory causes of importance: arterio sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. J. Popplewell, M. D.
 (Address) Sheldon Mo.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Darton Registration District No. 1004 File No. 6
 Township Richland Primary Registration District No. 3059 Registered No. 6
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Martin 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 21 1931</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2nd 1866</u>		7. AGE YEARS MONTHS DAYS <u>65 11 24</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>May 21 1931</u> to <u>May 31 1931</u> . I last saw him alive on <u>May 21 1931</u> . Death is said to have occurred on the date stated above, at <u>9 A.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year) <u>1931</u>		11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		13. NAME <u>Lewis Broyles</u>		23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		15. MAIDEN NAME <u>unknown</u>		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>W. H. Dosewell</u> , M. D. (Address) <u>_____ MO.</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		17. INFORMANT (ADDRESS) <u>Bethie Vaughn</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>May 22 1931</u>		
19. UNDERTAKER (ADDRESS) <u>A. J. Ruess</u>		20. FILED <u>7/10</u> 19 <u>Shelma (Registrar)</u>		20. FILED <u>7/10</u> 19 <u>Shelma (Registrar)</u>		20. FILED <u>7/10</u> 19 <u>Shelma (Registrar)</u>	

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-17075