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.

JUN 26 1931

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

Do not use this space.

17800

1. PLACE OF DEATH
County Howard,
Township
City Fayette, (No. , St. Ward)

Registration District No. 378
Primary Registration District No. 4222

File No.
Registered No. 46

2. FULL NAME Anderson Broadas,

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/28/1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Anderson Broadas,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Amanda Knaus,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Sally Broadas, Fayette Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cematary DATE 5/14/31 19

19. UNDERTAKER (ADDRESS) Guy T. Halley Fayette Mo.

20. FILED June 2 1931 V. A. Bonham Registrar.

(V. A. Bonham)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to 5-11-31, 19
I last saw him alive on May 11, 1931. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 6-15-30

46 B
930

Other contributory causes of importance:
Myocarditis — 1-1-31

1

Name of operation none Date of
What test confirmed diagnosis? Xray Was there an autopsy? no

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) Wa Bloom, M. D.
(Address) Fayette Mo