

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township Wright
City Morehouse

Registration District No. 603
Primary Registration District No. 4357

File No. 18760
Registered No. 18
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

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.
(If nonresident, give city or town and State)

Paul F. Brogdon (Brogdon)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 3 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 66
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.

10. NAME OF FATHER Mass Brogdon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.

12. MAIDEN NAME OF MOTHER DK

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DK

14. INFORMANT (Address) Harry Brogdon
Morehouse, Lebanon, Mo.

15. FILED 530.31 John T. Parson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-30 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-30 1931, to 5-30 1931, that I last saw him alive on 5-30 1931, and that death occurred, on the date stated above, at 8:30/A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidentally electrocuted in a machine shop, turning on current to start machinery.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 8 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF _____ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. H. Pearson M. D.

530.31 (Address) Morehouse, 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 Ope Garden DATE OF BURIAL 6-1 31

20. UNDERTAKER John T. Parson ADDRESS Morehouse

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