

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

Do not use this space.

27767-1

1. PLACE OF DEATH

County Christian Registration District No. 185
Township Bruwer Primary Registration District No. 625-1
City Elkhorn (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

William Lafayette Brozeal

(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19th 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 5 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

10. NAME OF FATHER James Brozeal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise McHoffie

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

14. INFORMANT Ann Brozeal
(Address) Elkhorn Mo

15. FILED 11-6, 1931 Mrs. C. B. Plummer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1928, to Aug 8, 1931 that I last saw him alive on Aug 4, 1931, and that death occurred, on the date stated above, at 2:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purulent Cystitis
137
1850
CONTRIBUTORY (SECONDARY) Prostatic Hypertrophy (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) H. J. White, M. D.

Aug 9, 1931 (Address) Sparta, Mo.

State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sparta Mo DATE OF BURIAL 8-9 1931

20. UNDERTAKER Nathbon & Choffin ADDRESS Sparta

NOV 23 1931

