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.

FEB 24 1932

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

Do not use this space.
819

File No.
Registered No.

1. PLACE OF DEATH
County: Grundy
Township:
City: Trenton (No. Cullers Hospital St. Ward)
Registration District No. 330
Primary Registration District No. 3017

2. FULL NAME: Mary (Johns) Broadway
(a) Residence, No. (Usual place of abode) St., Ward. Chula, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Broadway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 23 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Ohio

FATHER
13. NAME: Peter Johns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Jane Norman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): J. F. Bain, Chula Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shellcothe DATE: 1-16 1932

19. UNDERTAKER (ADDRESS): F. B. Norman, Shellcothe Mo.

20. FILED 16 Jan 1932 E. A. Duffy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 14 1932 to Jany 16 1932, I last saw her alive on Jany 16 1932. Death is said to have occurred on the date stated above, at 10 m.

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

	Date of onset
Infection in neck from swallowing some sharp object	1-7-32
	33

Other contributory causes of importance:

Name of operation: Incision in neck Date of: 1/16/32
What test confirmed diagnosis? 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: 1/7 1932
Where did injury occur? Home, Chula Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury: (1)
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) E. J. Mann, M. D.
(Address) Trenton Mo