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

Do not use this space.

13162

File No. .....

Registered No. .....

1. PLACE OF DEATH

59 County Livingston — Registration District No. 509

Township Creamridge — Primary Registration District No. 5677

City Chula (No. ..... St. ..... Ward)

2. FULL NAME Otis 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 16 yrs. mos. 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)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Husband~~ Mrs Emma Broyles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1860 July 17

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	8	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Doctor = Physician

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri 1

PARENTS

10. NAME OF FATHER Mickle Broyles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky 2

12. MAIDEN NAME OF MOTHER Rachel Siler

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

14. INFORMANT Mrs Emma Broyles
(Address) Chula Mo

15. FILED 4/13, 1932 Mrs Emma Broyles Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1932, to Apr. 12, 1932 that I last saw him alive on Apr. 12, 1932, and that death occurred, on the date stated above, at 4/30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

(1) (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Flu (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Reuben Barney, M. D.

4/13, 1932 (Address) Chillicothe, 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	DATE OF BURIAL
Plainview Cemetery	April 17 1932
20. UNDERTAKER	ADDRESS
M D Booth	Chula Mo

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.

MAY 25 1932