

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

Do not use this space.

33216

1. PLACE OF DEATH

County Pike
Township Puzzato
City (No. Pike Central Hospital)

Registration District No. 689
Primary Registration District No. 3033

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Broyles, George Marshall Broyles
(Usual place of abode) Ashley, Mo. St. Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-5-90</u>		
7. AGE	YEARS <u>12</u>	MONTHS <u>6</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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) Mo.

FATHER 13. NAME John Broyles

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Clemma Thorpe

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT John Broyles
(ADDRESS) Ashley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Mo DATE 10-13, 1932

19. UNDERTAKER Frank Bantshhead
(ADDRESS) Bantshhead

20. FILED 10-13, 1932 J. O. Hart
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th 1932 to Oct 12 1932

I last saw h. l. m. alive on Oct 12 1932 Death is said to have occurred on the date stated above, at 3:35 a.m.

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

Cerebral edema + meningitis - 7/13/32
79A

Other contributory causes of importance:
Compound fracture of skull

Name of operation Decompression Date of Oct 9th

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Oct 9th, 1932

Where did injury occur? Ashley Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by car
Nature of injury lacerations of brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Brain injury

(Signed) _____, M. D.

(Address) 172 S 2nd Leungia

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.

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