

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.

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

Do not use this space.

10476

## 1. PLACE OF DEATH

County Newton  
Township New Bruce  
City..... (No. ...., St. .... Ward)

Registration District No. 612  
Primary Registration District No. 5814

File No.....  
Registered No.....

## 2. FULL NAME

Harline Thomas Broadaway  
(a) Residence, No. R. F. D. # 3, Reed, Mo. Ward C  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 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				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3, 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>—</u>	<u>5</u>	<u>4</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Infant</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.....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reed, Mo. R. F. D. Newton Co. Mo.</u>			
	13. NAME <u>Ray Broadaway</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton County Mo.</u>			
	15. MAIDEN NAME <u>Lenna Woods</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Co. Mo.</u>			
	17. INFORMANT (ADDRESS) <u>Ray Broadaway Reed, Mo. R. F. D. # 3</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Darcovic, Mo.</u> DATE <u>March 8, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Lee B. Cole Darcovic, Mo.</u>				
20. FILED <u>March 8, 1933</u> <u>Grace Hudson</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to March 7, 1933.  
I last saw him alive on March 6, 1933. Death is said to have occurred on the date stated above, at 2 a. m.  
The principal cause of death and related causes of importance were as follows:  
Intestinal Hemorrhage Date of onset 3/6/33  
132A  
1502  
1258/23

Other contributory causes of importance:  
Pyelitis

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical 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....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Yes  
(Signed) Lynn Simmons, M. D.  
(Address) Darcovic, Mo.

