

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

Do not use this space.

**22978**

**1. PLACE OF DEATH**

45 County Howard  
Township Mountain  
City Hilldale (No. \_\_\_\_\_)

Registration District No. 378  
Primary Registration District No. 5-5-32

File No. \_\_\_\_\_  
Registered No. 50 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Luciel McKee Broadus

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>Negro</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Broadus</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-24-1897</u>					
7. AGE		YEARS <u>35</u>	MONTHS <u>8</u>	DAYS <u>15</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>Housewife</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) <u>Hilldale Missouri</u>					
MOTHER / FATHER	13. NAME <u>Anderson McKee</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hilldale Missouri</u>				
	15. MAIDEN NAME <u>Carrie Diggs</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hilldale Missouri</u>				
17. INFORMANT (ADDRESS) <u>Carrie McKee Hilldale, Missouri</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hilldale Mo.</u> DATE <u>7-11</u> , 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>Steph J. Parker Columbia, Missouri</u>					
20. FILED <u>Aug. 1</u> , 19 <u>33</u> <u>V. Q. Burham</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to July 9, 1933.  
I last saw h. alive on July 8, 1933. Death is said to have occurred on the date stated above at 3 P. m.

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

Perforating Gastric ulcer  
1177 1110

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_

(Signed) A. Q. Broadus, M. D.  
(Address) Hilldale, Mo.

MARGIN RESERVED FOR BINDING

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.

AUG 20 1933

2305

V. S. NO. 2

