

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.

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

Do not use this space. ✓

36348

1. PLACE OF DEATH

County Jackson  
Township Swiss  
City Oakland (No. \_\_\_\_\_)

Registration District No. 395  
Primary Registration District No. 333/A

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

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Oakland (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Mc Broom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 20-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Nashville Tenn

13. NAME Thos. Jefferson Mc Broom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Katherine Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Ursula Vanduyke Buckner

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE Nov. 12 33

19. UNDERTAKER U. M. Rappert

(ADDRESS) Buckner Mo

20. FILED 12/12 1933 F. W. Stutte Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to Nov 10, 1933

I last saw him alive on Nov 9, 1933 Death is said

to have occurred on the date stated above, at 11 A m.

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

Pulmonary Tuberculosis  
23 1/2  
Date of onset About Nov 1 33

Other contributory causes of importance: 3

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) W. H. Ramey, M. D.  
(Address) Buckner Mo

"Pop"

Dr. J. W. Little