

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.

909

PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 101  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Teddy Broyles

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

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) Montrose Mo

MOTHER 13. NAME John Broyles

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

15. MAIDEN NAME Lizzie Bowman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Caldwell

17. INFORMANT Myrtle Morgan (ADDRESS) Accola Mo

18. BURIAL, CREMATION, OR REMOVAL New Accola DATE 1-6 34 19

19. UNDERTAKER Spoerlson (ADDRESS) Clinton Mo

20. FILED Jan 7 1934 J. R. Hauglin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933, to Jan 5, 1934

I last saw him alive on Jan 5, 1934. Death is said to have occurred on the date stated above, at 2-9 m.

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

Pyelo-nephritis  
Stricture of Urethra  
Stenosis of urethral meatus  
Date of onset Jan 2/24

Other contributory causes of importance: \_\_\_\_\_  
Name of operation None 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 \_\_\_\_\_

(Signed) S. B. Duplex, M. D.  
(Address) Clinton, Mo.

