

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 15 1935

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

Do not use this space.

1. PLACE OF DEATH

County Cedar  
Township Madison  
City Stockton Mo. (No. ....)

Registration District No. 167  
Primary Registration District No. 5233

File No. 8214-a  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Edgar William Broyles

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

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Broyles  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 18<sup>th</sup> 1881  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
52 5 18

OCCUPATION 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.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

FATHER 13. NAME Lewis Broyles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

MOTHER 15. MAIDEN NAME Sarah Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

17. INFORMANT (ADDRESS) Myrtle Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE Lindley Prairie DATE March 7, 1935

19. UNDERTAKER (ADDRESS) Crowand Barker  
Fair Play Mo.

20. FILED Dec. 22, 1934 B. A. Cheek  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Mar 6, 1934

I last saw him alive on Mar 6, 1934. Death is said

to have occurred on the date stated above, at 8 a. m.

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

chronic Bright disease Date of onset

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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) H. A. Small, M. D.

(Address) Stockton Mo.

informe:  
in pls: