

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Howe
City Hanson City No. 624 Hanson, near

Registration District No. 399
Primary Registration District No. 1002

File No. 20320
Registered No. 240
St. 240 Ward

2. FULL NAME

(a) Residence, No. 624 Hanson, near 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 ♂ 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 16

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

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) Richmond, Kentucky

13. NAME Val Broadus

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

15. MAIDEN NAME Julia

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

17. INFORMANT (ADDRESS) Alfred Barney son
624 Hanson

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Shue Ridge 6/5 34

19. UNDERTAKER (ADDRESS) Hatkins Bros
1729 Lydis

20. FILED 6-5 19 34 Hanson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1 1934

22. I HEREBY CERTIFY, that I attended deceased from 5724 1934 to 5-31 1934

I last saw him alive on 5731 1934 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:
16 cerebral hemorrhage
due to high blood pressure
with left sided paralysis
and edema

Other contributory causes of importance:
hypertension
arteriosclerosis

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J. D. Broadus M. D.
(Address) 819 Lydis

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.

JUL 17 1934

Bradbury.