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.

JUL 17 1934

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

Do not use this space.

21467

File No.

Registered No. 75

1. PLACE OF DEATH

County: Phelps — Registration District No. 677

Township: — Primary Registration District No. 4403

City: Rolla (No. Rolla Hospital St. Ward)

2. FULL NAME: Charles Broadlick

(a) Residence, No. (Usual place of abode) Houston, Mo. St. Ward. (Texas Co.) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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~~: May Broadlick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12 1903

7. AGE: Years 31 — Months 5 — Days 8 — If LESS than 1 day, hrs. or min.

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): June 16, 1934

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Kansas

FATHER

13. NAME: John Broadlick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs. Mae Broadlick Houston, Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Pittsburg Kans. DATE: June 22, 1934

19. UNDERTAKER (ADDRESS): Null & Son Rolla Mo.

20. FILED June 20, 1934 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to June 20, 1934

I last saw him alive on June 20, 1934. Death is said to have occurred on the date stated above, at 2:35 p.m.

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

	Date of onset
1. Shock	
2. Peritonitis	
3. Perforated duodenal ulcer	

Other contributory causes of importance: Hemorrhage from urinary bladder and stomach from causes unknown.

Name of operation: Exploration of urinary bladder Date of: June 20, 1934

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) Aldsley McFarland, M. D.

(Address) Rolla Mo.

MAY 24 1944