

1 DEC 1 2 1934

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

Do not use this space.

336906

1. PLACE OF DEATH

County Wassatch Registration District No. 1102  
Township Parsons Primary Registration District No. 75870  
City Pascala (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Fordyce Brogden  
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Brogden  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-26-1901  
7. AGE YEARS 33 MONTHS 8 DAYS 15 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Tenn  
13. NAME John Snider  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snider

15. MAIDEN NAME Fizze Tuttle  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snider

17. INFORMANT J. B. Brogden  
(ADDRESS) Pascala Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McAdams DATE 10/12/34

19. UNDERTAKER B. M. Payne  
(ADDRESS) Portageville Mo

20. FILED 12/4 1934 Mrs. T. R. Cole  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 11, 1934  
22. I HEREBY CERTIFY, That I attended deceased from 4-14- 1934, to Oct 11, 1934  
I last saw her alive on Oct, 10, 1934. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:  
Advance pulmonary tuberculosis with cavity formation.  
Other contributory causes of importance: Malnutrition.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Pos. Sputum 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Arthur H. ... M. D.  
(Address) Way to ...

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.

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