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

APR 26 1935

Do not use this space.

7688

1. PLACE OF DEATH
County Saline — Registration District No. 744 — File No.
Township Cambridge — Primary Registration District No. 6087A — Registered No. 2
City (No. , St. Ward)

2. FULL NAME James Elias Broughman
(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 72 yrs. 0 mos. 23 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 Hattie Broughman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19 1863
7. AGE YEARS 72 MONTHS 0 DAYS 23 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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John E W Broughman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Bridge Co Virginia

MOTHER
15. MAIDEN NAME Elizabeth Turpin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Bridge Co Virginia

17. INFORMANT (ADDRESS) Mrs Hattie Broughman Gilliam Mo #1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilliam Mo DATE Febry 14 35
19. UNDERTAKER (ADDRESS) Jones & Salger Slater Mo
20. FILED Mar 20 1935 H H Davidson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febry 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1934, to Feb. 12, 1935
I last saw him alive on Feb. 10th, 1935. Death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows:

Cardiac Degeneration — Date of onset 1 year.

93 C

Other contributory causes of importance:
Oven worked & under nourished

Name of operation 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?
If so, specify
(Signed) A. L. Miller, M. D.
(Address) Gilliam Mo.