JUN 18 1935

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

Do not use this space.

15727

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township — Primary Registration District No. 3007 — Registered No. 100

City Poplar Bluff, Mo. (No. Black River ~~Ward~~ Ward)

2. FULL NAME Mrs. Deleah Broadhead

(a) Residence, No. 645 Poplar St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OR~~ (OR) WIFE OF: Rev. J.N. Broadhead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29, 1892

7. AGE: 42 YEARS — MONTHS: 9 — DAYS: 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
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): Manchester, Missouri

FATHER

13. NAME: Arthur Meisch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Zimmerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Rev. J.N. Broadhead, 645 Poplar St. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL: Manchester Cem.
PLACE Manchester, Mo. DATE June 4 1935

19. UNDERTAKER (ADDRESS): Frank Und. Co. Poplar Bluff, Mo.

20. FILED 6-4, 1935 O. Clutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27, 1935

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19....., to ....., 19.....

I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:00A m.

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

	Date of onset
Drowning in Black River at Poplar Bluff Mo.	5/27/35
Other contributory causes of importance:	
183	165

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-27, 1935

Where did injury occur? Poplar Bluff - Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Fell from bridge into river

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Richard Reynolds, Coroner ~~M.D.~~

(Address) Poplar Bluff Mo

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.