

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.

JAN 21 1936

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

Do not use this space.

42328

1. PLACE OF DEATH

County Worth  
Township Freeport  
City Parnell (No. \_\_\_\_\_)

Registration District No. 1057  
Primary Registration District No. 6214

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Edwin 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1920  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 10 7 15  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell Mo  
13. NAME Benny J. Broedeker  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell Mo  
15. MAIDEN NAME Mary Messinger  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
17. INFORMANT (ADDRESS) Benny J. Broedeker  
18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell DATE 12-4-35  
19. UNDERTAKER (ADDRESS) O. R. Proctor  
20. FILED Dec-4-1935 Mrs O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-35

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 2, 1935  
I last saw him alive on Dec 2, 1935 Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:

Epilepsy

Date of onset 1913

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? no  
If so, specify \_\_\_\_\_  
(Signed) Egbert Crowson, M. D.  
(Address) Parnell Mo

