

MAY 14 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18152

1. PLACE OF DEATH

County Schuyler
 Township Independence
 City Neuro Quercy Mo. (No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St. Ward)

2. FULL NAME Millie Broadwell

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 OF
(OR) WIFE OFH. F. Broadwell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

2853

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 Life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio

MOTHER FATHER

13. NAME Michael M. Pindell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio15. MAIDEN NAME Jennie Bradey16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio17. INFORMANT H. F. Broadwell
(ADDRESS) Quercy Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coffey Cemetary DATE April 24 193619. UNDERTAKER W. N. Vest
(ADDRESS) Quercy Mo.20. FILED 4/22 1936 J. J. Broadwell
(Address) Quercy Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 193622. I HEREBY CERTIFY, That I attended deceased from April 20 1936 April 21 1936I last saw him alive on April 20 1936. Death is saidto have occurred on the date stated above, at 12:00 p.m.

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

Heart Failure
Some 6 or 7 years

Date of onset

Other contributory causes of importance:

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? no Date of injury _____, 1936Where did injury occur? no

(Specify city or town, county, and State)

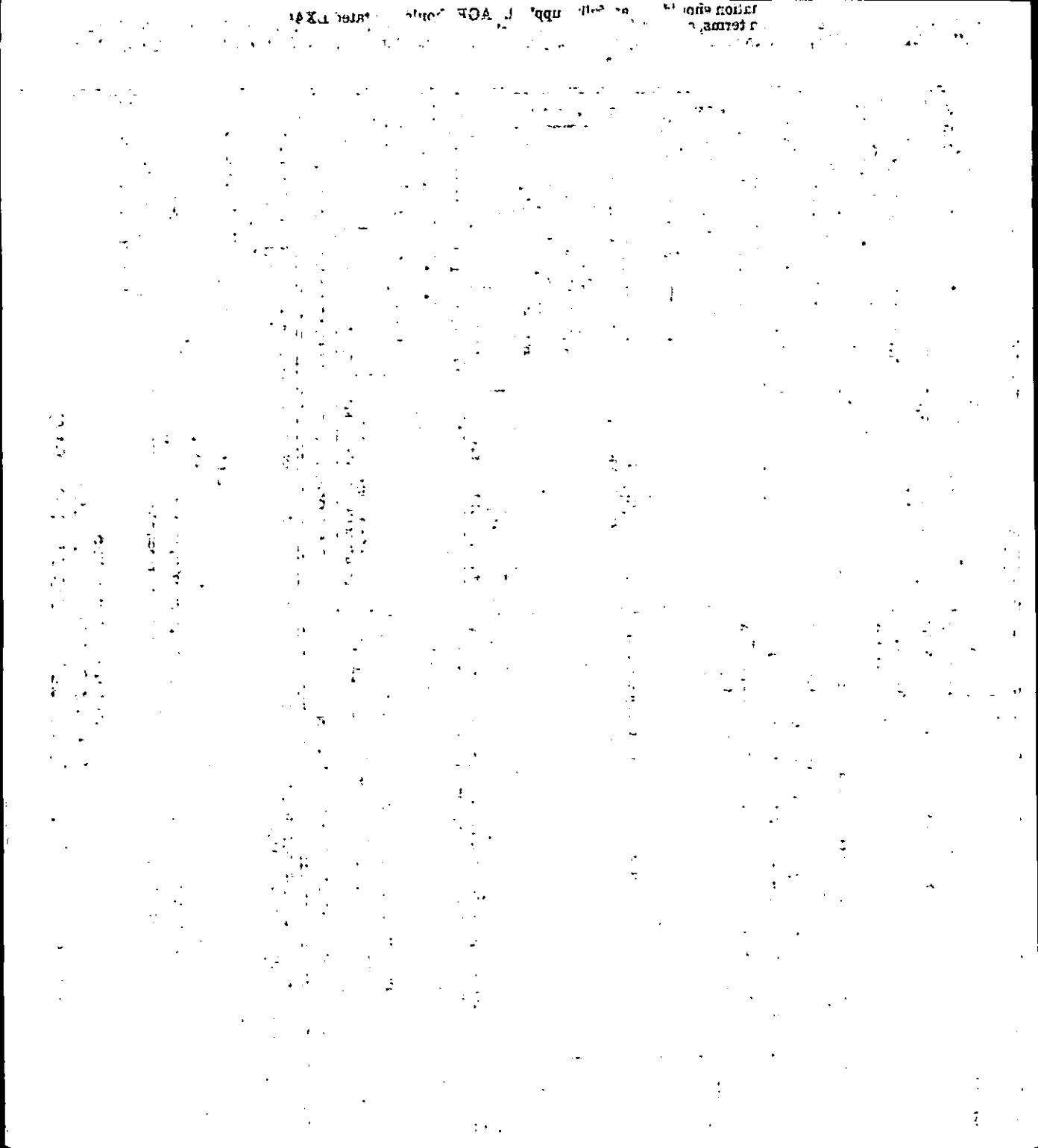
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Lafayette M. Vest, M. D.(Address) Quercy 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.



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

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1. PLACE OF DEATH

County Schuyler

Registration District No. 802

Township Independence

Primary Registration District No. 6040

City Independence

(No.)

St. Ward

2. FULL NAME

Millie Broadwell

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

68

5

3

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

Apr 24 1934 J.B. Bridges Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr 21 1936

22. I HEREBY CERTIFY, That I attended deceased from

19 , to 19

I last saw alive on 19 . Death is said

to have occurred on the date stated above, at m.

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

Heart failure
Endo Corchips, Chronic

Date of onset

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?

If so, specify

(Signed) Abayette Noel, M. D.

(Address) Independence City 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.

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