CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 22 1937

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

Do not use this space.

File No. 45659

Registered No. 138

1. PLACE OF DEATH
County Nodaway
Township
City Maryville (No. , St. Ward)

Registration District No. 625
Primary Registration District No. 3031

2. FULL NAME Ella May Broyles
(a) Residence, No. 322 West 5th st. 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 ~~M~~ F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	4	21	

OCCUPATION
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) Nicholsville, Va.

FATHER
13. NAME Fleming Crumley,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

MOTHER
15. MAIDEN NAME Mari Snodgrass,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Robert S. Broyles,
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miriam Cemetery DATE Dec. 19, 1936

19. UNDERTAKER Price Funeral Home,
(ADDRESS) Maryville Mo.

20. FILED 12-19 1936 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1936, to 12-16, 1936
I last saw her alive on Wed. Dec. 16, 1936 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:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Arteria Sclerosis
Angina Pectoris

Name of operation Date of
What test confirmed diagnosis? Exam 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) Jacob Loveless, M. D.
(Address) Maryville Mo.