Cunningham

JAN 22 1937

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

Do not use this space.

45809

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township Buffalo — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. Joseph Pike Co Hospital St. Ward)

2. FULL NAME Arthur Brochu
(a) Residence, No. Louisiana, Mo St., 218 N Main Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Several 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)~~: WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12-1873

7. AGE: 63 YEARS — MONTHS: 8 — DAYS: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Fac. Employee
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) Canada Canada

FATHER
13. NAME Leander Brochu
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Mrs O. F. Enick 218 N Main Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverview DATE 12/13 1936

19. UNDERTAKER (ADDRESS) F C Haley Jr Louisiana Mo

20. FILED 12/11 1936 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1936, to 12-11, 1936
I last saw him alive on 12-11, 1936. Death is said to have occurred on the date stated above, at 12:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Rt. Lower Lobar	

Other contributory causes of importance: Chronic Myocarditis

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? 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) [signature], M. D.
(Address) Louisiana 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.