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

Do not use this space.

1915

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township ~~Valle~~ — Primary Registration District No. 3022 — Registered No.
City De Soto (No. , St. Ward)

2. FULL NAME Robert Jackson McBroom
(a) Residence, No. 1014 N. 2nd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 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 Millie McCullick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 - 1852

7. AGE: YEARS 84 — MONTHS 8 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
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) Jackson Co. Ala.

FATHER
13. NAME William McBroom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER
15. MAIDEN NAME Ruth Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Emaline Lanham 1014 N. De Soto

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ware DATE Jan 13 1937

19. UNDERTAKER (ADDRESS) Motherhead De Soto

20. FILED 1-24 1937 May Prendergast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1936, to 1-11, 1937
I last saw him alive on 1-3 1937. Death is said to have occurred on the date stated above, at 1030 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Calculi	12/24/36

Other contributory causes of importance:
General Infirmities of age

Name of operation None Date of
What test confirmed diagnosis? Physical 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? No
If so, specify
(Signed) Chas E Tallit M. D.
(Address) De Soto 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.