

FEB 7 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2241

1. PLACE OF DEATH

County Meru
 Township Lindley
 City (No. 2)

Registration District No. 558
 Primary Registration District No. 5752

File No.
 Registered No. 9
 St. Ward)

2. FULL NAME

Louise J. Broughton

(a) Residence, No. St. Ward.
 (Usual place of abode)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 24

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. 285
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

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

13. NAME Giles

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

15. MAIDEN NAME Supma

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

17. INFORMANT (ADDRESS) Miss Ellen Broughton
Salina, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freedom DATE Jan 27 1937

19. UNDERTAKER (ADDRESS) Nash Mass
Princeton, Mo.

20. FILED Feb 10 1937 J. M. Perry
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Jan 22, 1937.
 Last saw her alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 11:00 A. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
double

Other contributory causes of importance flu

Name of operation Date of
 What test confirmed diagnosis? clinical 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) A. S. Duff , M. D.
 (Address) Cambridge 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.

