

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Scott

Registration District No.

814

Township

Moreland

Primary Registration District No.

6023

City

(No.)

File No.

13761

Registered No.

St.

Ward

2. FULL NAME

Lawrence Brogean

(a) Residence, No.

County, Town, City, or Village

(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

male

4. COLOR OR RACE

white

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

Single

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

L

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

Aug 24, 1882

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

pauper

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)

Scott Co. Mo.

13. NAME

Charles Brogean

FATHER

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

Ohio

MOTHER

15. MAIDEN NAME

Mary O'neary

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

New Hamburg Mo.

17. INFORMANT (ADDRESS)

Theron Brogean

18. BURIAL, CREMATION, OR REMOVAL PLACE

New Hamburg, Mo.

DATE

May 25, 1937

19. UNDERTAKER (ADDRESS)

John Spalding, Benton Mo.

20. FILED

2, 24, 1937,

U. P. Naw

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3, 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

3, 18, 1937, to 3, 23, 1937

I last saw him alive on 3, 23, 1937. Death is said to have occurred on the date stated above, at 4 P. M.

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

Date of onset

cirrhosis liver

Other contributory causes of importance:

aortic stenosis

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)

U. P. Naw

M. D.

(Address)

Benton, 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.

