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

Do not use this space.

JUN 17

1. PLACE OF DEATH
County Buchanan — Registration District No.
Township — Primary Registration District No.
City St. Joseph (No. St. Joseph's Hospital St. Ward)

File No. 19512
Registered No. 604

2. FULL NAME Joseph L. Bromley
(a) Residence, No. 307 Harvard 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 5, 1865

7. AGE: Years 72 — Months 2 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millwright Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Swift & Co.
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oak Hill Illinois

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

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

17. INFORMANT (ADDRESS): Mrs. Zelma Bromley 307 Harvard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mount Auburn Cem. DATE: May 24, 1937

19. UNDERTAKER (ADDRESS): Clark Mortuary 5025 King Hill Ave.

20. FILED: May 23, 1937 H. J. Heathbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 22, 1937
I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	5/15/37
Other contributory causes of importance:	
Chronic Myocarditis	
Chronic Hypertension	

Name of operation: Herniotomy Date of: 5/15/37
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. P. Simmons, M. D.
(Address) St. Joseph, 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.