

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.

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township Center
City (No.) St. Ward)

Registration District No. 875
Primary Registration District No. 6160

File No. 42709
Registered No. 311

2. FULL NAME

Joseph Clifford Brokaw

(a) Residence, No. 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 M 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 Mrs Jennie Brokaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Not Known Ohio

FATHER 13. NAME Ben Brokaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Ohio

MOTHER 15. MAIDEN NAME Mary Hooper

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

17. INFORMANT Mrs Jennie Brokaw (ADDRESS) Quada, Mo.

18. BURIAL, CREATION, OR REMOVAL Newton Cemetery DATE Nov 23 1937

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Quada, Mo.

20. FILED Nov. 26, 1937 Allen V. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937, to Nov 20 1937

I last saw him/her alive on Nov 20, 19..... Death is said

to have occurred on the date stated above, at 2:20 p.m.

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

Chronic Myo Carditis following sudden distention

Date of onset

Other contributory causes of importance: Intoxication

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) J. M. Hays, M. D.

(Address) Quada, Mo.

