

MO APR 20 1938

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

11161
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421

(b) Township Joachim Primary Registration District No. 3575

(c) City Herculaneum (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Broombaugh 651

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Herculaneum, Mo. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles B. Broombaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 25

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

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Grubville (STATE OR COUNTRY) Jefferson - Mo.

FATHER

13. NAME Giles Carrow

14. BIRTHPLACE (CITY OR TOWN) Grubville (STATE OR COUNTRY) Jefferson - Mo.

MOTHER

15. MAIDEN NAME Effie Wade

16. BIRTHPLACE (CITY OR TOWN) Pevely (STATE OR COUNTRY) Jefferson - Mo.

17. INFORMANT (ADDRESS) Charles Broombaugh
Herculaneum, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto, Mo. DATE March 27, 1938

19. FUNERAL DIRECTOR J. Lee Mothershead (ADDRESS) De Soto, Mo.

20. FILED 3/26 1938 J. E. Rutledge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Mar 23, 1938
I last saw her alive on Mar 23, 1938 Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:
Cystadenoma Malignant Right Ovary Date of onset _____
49

Other contributory causes of importance: Generalized metastasis

Name of operation Spary Tomy Date of Dec 16, 1938
What test confirmed diagnosis? Operative 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) Permitt Bennett M.D. M. D.
(Address) Herculaneum, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)