JAN 14 1939

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

42675
Do not use this space.

1. PLACE OF DEATH
(a) County CASS Registration District No. 157
(b) Township ~~PLEASANT HILL~~ Primary Registration District No. 4091 Registered No. 37
(c) City PLEASANT HILL MO. (d) Street No. St.
(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 Margaret Lee Bronaugh
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Robt. B. Bronaugh (Widow)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1863

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 12/8/38
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Sharpsburg
(STATE OR COUNTRY) Kentucky

FATHER
13. NAME Richard Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Nancy Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Herbert Benson
(ADDRESS) Pleasant Hill, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE P.H. Cemetery DATE 12/9/ 38

19. FUNERAL DIRECTOR (NAME) A.W. Brownfield 149
(ADDRESS) Pleasant Hill, Mo.

20. FILED Dec 10 1938 Mrs. Etta M. Aldridge
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Dec 7, 1938
I last saw him alive on Dec 7, 1938. Death is said to have occurred on the date stated above, at 8:25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/7/38
Hypertension	

Other contributory causes of importance: Senility

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) C W Harding, M. D.
(Address) Pleasant Hill, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

19
16
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on December 7, 1938, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 5785

P. O. Address Pleasant Hill, Mo.

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

If this body is not embalmed, above space should be left blank.