

REC'D FEB 20 1939

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

Do not use this space.

1360

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township JacksonPrimary Registration District No. 1002City Jackson City (No. 818 E. 31st)

File No. _____

Registered No. 373

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 818 E. 31st, St., _____ Ward, _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Broushaus6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 18707. AGE YEARS 68 MONTHS 10 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poplin. stand.

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) Freeport Ill.13. NAME Jackson Broushaus14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland15. MAIDEN NAME W. Kraeger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland17. INFORMANT Tha Julia M. Braden (ADDRESS) 818 E. 31st St. Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill Mo. DATE Jan 30 193919. UNDERTAKER (ADDRESS) F. A. Kising Jackson Mo.20. FILED Jan 29 1939 M. M. Cronle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 193922. I HEREBY CERTIFY that I attended deceased from Jan - 26 1939 to Jan - 26 1939Last saw him alive on Jan 26 1939. Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Acute dilatation of heart due to Chronic Arteriosclerosis and Atherosclerosis of aorta
Date of onset 9/20

Other contributory causes of importance: _____

Name of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury X, 1939Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify X(Signed) Charles C. Goats, M. D.(Address) 912 E. 31st Jackson City 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.

Dr Coates' 2119 1/2
St. Louis

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