

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 19 1939

32135
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 104
(b) Township Benton Primary Registration District No. 5229
(c) City _____ (d) Street No. _____ St. _____
(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

(a) Residence, No. 640 Stice Born Janette Elizabeth Broyles St. 1 (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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-39
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ✓ ✓ ✓ ✓

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. ✓
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) Jerico Spgs Mo

13. NAME J. M. Broyles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexander Mo

15. MAIDEN NAME Flarence E Hampton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho South Dakota

17. INFORMANT (ADDRESS) J E Broyles
Jerico Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sept 19 - Cedar DATE 9-11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O P Mitchell
Jerico Spgs Mo

20. FILED 9-11 1939 John May Heiber Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10- 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 9/10/39, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Still Born due to
Abruptio Placentae

Date of onset

Other contributory causes of importance:

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 E Beunton D.O.

(Address) Jerico Springs, Mo.

RECEIVED

District Health Officer No. 7

District File Number 7-39-14

Date Filed 10-9-39

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, W. A. N. N.

was not

or by ✓

Registered Apprentice No. 1909, working under my personal supervision.

Signed

Op Mitchell

Licensed Embalmer No. 1908

P. O. Address

Jerico Sp. Mo.

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

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