

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

32276
Do not use this space.

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31

PLACE OF DEATH **3**

(a) County Daviess Registration District No. 250
 (b) Township Gallatin Primary Registration District No. 4150 Registered No. 22
 (c) City Gallatin (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 60 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sylvanus S. Brodbeck

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ellen Brodbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
85	8	2	

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

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) Jan. 1939 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Wooster
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Jacob Brodbeck

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Bales

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs. S. S. Brodbeck
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Life Cemetery DATE Sept. 8, 1939

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED Sept 8, 1939 HO Hope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1939, to Sept. 5, 1939
 I last saw him alive on Sept 5, 1939. Death is said to have occurred on the date stated above, at 1:50 AM
 The principal cause of death and related causes of importance were as follows:
Loasser Rectum
 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? No
 If so, specify _____
 (Signed) L. R. Asplin, M. D.
 (Address) Gallatin, Mo.

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

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.

RECEIVED

District No. 1039-1345

District File No.

OCT 17 1939

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, or by

L. O. Richesson, Registered Apprentice No. _____
working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

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.)

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