

5570 OCT 12 1939

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

32451
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE ³ Registration District No. 316
(b) Township Campbell ¹ Primary Registration District No. 5440
(c) City SPRINGFIELD (d) Street No. Medical Center for Federal Prisoners 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 0 yrs. 0 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BROADWAY, Amos E.

(a) Residence, No. 1030 St. Steele, Missouri
(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 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 Ida Barker Broadway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 21

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

12. BIRTHPLACE (CITY OR TOWN) Bay City, Illinois
(STATE OR COUNTRY)

FATHER 13. NAME Tom Broadway

14. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT Deceased
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Steele, Mo. DATE Sept 2 1939

19. FUNERAL DIRECTOR (NAME) A. Lohmeyer Funeral Home
(ADDRESS) Springfield, Missouri

20. FILED Sept 2 1939 Chas. George M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939, 19 to Sept. 2, 1939, 19

I last saw him alive on Sept. 2, 1939, 19 . Death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

Cardiac disease, myocarditis, chronic, with large myocardio-infarct, left ventricular Date of onset Unknown

Other contributory causes of importance: None

Name of operation None Date of -
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? Springfield, Mo.
(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 Subacute

(Signed) E. W. Green, P. A. Surgeon, USF&SP
(Address) Clinical Director, MCEP, Springfield, 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.

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 Chester George, Registered Apprentice No. 209 working under my personal supervision.

Signed Lewis G. Schaff
Licensed Embalmer No. 3802
P. O. Address Springfield, 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.