

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

36720
Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery Registration District No. 589
(b) Township Beardsley Primary Registration District No. 4347
(c) City Jonestown (d) Street No. 5187A 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 63 Jay B Broadhead
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 8 7

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.
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) Jacksonville Ill.

FATHER 13. NAME John Broadhead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mary Strong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs J B Broadhead Jonestown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonestown DATE Nov. 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harold A. Harding Jonestown Mo.

20. FILED Nov. 12 1939 Mary Lou Fleener Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on Sudden Death 19 Death is said to have occurred on the date stated above, at 5:45 PM
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis or Embolism Date of onset 11-9-39

Other contributory causes of importance: 94 lb

Name of operation None 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? no 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) E J T Anderson M. D.
(Address) Montgomery City, Mo

Coronae Montgomery County

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

90-M-1-12-38 I X 14023

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,

Carl A. Harding

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Carl A. Harding

Licensed Embalmer No.

4115

P. O. Address

Jonesburg

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.