

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

3169
 Do not use this space.

FILED FEB 17 1940

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 687
 (b) Township Portage Primary Registration District No. 4361
 (c) City Portageville (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 6

2. PRINT FULL-NAME

Olma Hall Broadhacker
 (a) Residence, No. same 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 Female 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 And Broadhacker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1911
 7. AGE YEARS 28 MONTHS 8 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stuf
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1940, to Jan 17 1940
 I last saw h. or alive on Jan 17 1940 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1937
Bronchopneumonia Jan. 1940
 Other contributory causes of importance: 27

12. BIRTHPLACE (CITY OR TOWN) Portageville (STATE OR COUNTRY) mo

FATHER 13. NAME J. J. Hall

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT And Broadhacker (ADDRESS) Portageville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville mo DATE Jan 18 1940

19. FUNERAL DIRECTOR (NAME) Funeral Home (ADDRESS) Portageville mo

20. FILED Jan 27 1940 Mary W. Cook Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1940
 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) John J. Killian M. D.
525 (Address) Portageville, 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.

RECEIVED

District Health Officer No. 2,

District File Number 240-566

Date Filed 2/9/40

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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

S-3169