

11213

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 24 1942

Registration District No. 4942

Primary Registration District No. 3025

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield city
(c) Name of hospital or institution:
907 Brookfield Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 907 Brookfield Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME THOMAS BERNARD BREEM

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna M. Broom 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 28 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Round House Fireman

11. Industry or business _____

12. Name William Broom

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kaynor

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. Broom

(b) Address Brookfield

17. (a) Burial (b) Date thereof Mar-22-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael Cem. Brookfield

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 3-21-1942 (b) W. K. Conner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from 1939 - 1942 to 3-19 1942 that I last saw him alive on 3-18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease Duration 10 yrs
Chronic Bronchial Asthma years

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 92d
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) While at work? _____ (Specify type of place) _____
(f) Means of injury _____

23. Signature W. K. Conner (M. D. or other) _____
Address Brookfield Mo Date signed 3/20/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I X1931

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.....

J. W. Blacklock....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. W. Blacklock*.....
Licensed Embalmer No. *2246*.....
P. O. Address *Brookfield 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.