U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18612

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 76

74 1 2

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 521 S. Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway
(c) City or town Maryville.
(If outside city or town limits, write "RURAL")
(d) Street No. 521 S. Market St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME ROBERT SUMMERFIELD BROYLES.
3. (b) If veteran, name war No
3. (c) Social Security No. None.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ella May Broyles
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 26 (Day) 1863 (Year)
8. AGE: Years 79 Months – Days 2 If less than one day ..... hr. ..... min.
9. Birthplace Washington Co. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Dry Cleaner (Retired)
11. Industry or business .....
MOTHER FATHER
12. Name Andrew C. Broyles.
13. Birthplace Not Known. (City, town, or county) (State or foreign country)
14. Maiden name Louisa A. E. Hunt.
15. Birthplace Not Known. (City, town, or county) (State or foreign country)
16. (a) Informant Robt. A. Broyles.
(b) Address Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 '42 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.
19. (a) May 28 1942 (Date received local registrar) (b) Mary Caile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 5 minute 30 a.m.
21. I hereby certify that I attended the deceased from May 1, 1942 to May 28, 1942
that I last saw him alive on May 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Broncho pneumonia	5 days
Due to Chronic nephritis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature R. O. Ferguson (M. D. or other)
Address Maryville Mo. Date signed 5/28/42

1268 (Licensed Embalmer's Statement on Reverse Side)

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 John W. Price.

Licensed Embalmer No. 4281.

P. O. Address Maryville 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, fact should be so stated above.