

No. 2
FEB 11 1943
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3195

FEB 11 1943 294

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1220 Hurley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 Hurley
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ola Sparkman Broyles

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Broyles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16th 1873
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
69 | 7 | 22 | hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Anderson Powers

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

14. Maiden name Nancy Lucas

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

16. (a) Informant Mrs Vena Birdsell

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Jan 10th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Salem

18. (a) Signature of funeral director Mahaw and Son

(b) Address Moberly Mo

19. (a) 1-10-43 (b) Irma Hale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th
year 1943 hour _____ 1. minute 30 P. M.

21. I hereby certify that I attended the deceased from _____
_____ 1942 to _____ 1943
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to arteriosclerosis

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

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?

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Moberly Mo Date signed 1-10-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 2-43-212

Date Filed FEB 10 1943

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.