FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 32223

Primary Registration District No. 3010

Registrar's No. 324

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid 72
(c) City or town: Portageville 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 1
(If rural, give location)
(e) Citizen of foreign country? ~~(Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME: Peggy Ann Broom
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: Infant
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: November (Month) 14 (Day) 1947 (Year)

8. AGE: Years 0 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace: Portageville (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Infant
11. Industry or business:
FATHER
12. Name: Almon Broom
13. Birthplace: Dalton (City, town, or county) Ark. (State or foreign country) 1
MOTHER
14. Maiden name: Sadie Barrow
15. Birthplace: Lake City (City, town, or county) Ark (State or foreign country) 1
16. (a) Informant: Almon Broom
(b) Address: Portageville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Malden, Mo
18. (a) Signature of funeral director: Debisle Funeral Parlor
(b) Address: Portageville, Mo
19. (a) 10-25-1948 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 18TH day: Oct. - year: 1948 hour: 3 10 minute: P.M.

21. I hereby certify that I attended the deceased from 17 Oct, 1948, to 18 Oct, 1948, that I last saw her alive on 18 Oct, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Laryngitis | 4 days |
| Pneumothorax | few hrs. |
| Mediastinal emphysema | " |
| Due to: Tracheotomy | 18 hrs. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: -
Of autopsy: -

PHYSICIAN: Underline the cause of 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: 0

23. Signature: J. A. Kinder (M. D. or other) M.D.
Address: Cape Girardeau Mo. Date signed: 21 Oct. 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

No. 1148-133

11-1-48

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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 Not embalmed, 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, fact should be so stated above.**