

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 16 1934

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

Do not use this space.

1. PLACE OF DEATH
 87 County Ray Registration District No. 743 File No. 26084
 Township Princeton Primary Registration District No. 4445 Registered No. 17
 City Orick (No.) St. Ward)

2. FULL NAME James Broadhunt
 (a) Residence No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Jettie Broadhunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/17/1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>68</u>	<u>7</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo.
 (STATE OR COUNTRY)

13. NAME John Broadhunt

14. BIRTHPLACE (CITY OR TOWN) Clay Co Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Jane Roberts

16. BIRTHPLACE (CITY OR TOWN) Clay Co Mo
 (STATE OR COUNTRY)

17. INFORMANT Mrs Jettie Broadhunt
 (ADDRESS) Orick Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE South Pent DATE 7/21 1934

19. UNDERTAKER C. V. Wilson
 (ADDRESS) Orick Mo

20. FILED 10/10 1934 J. H. ...
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19/ 1934

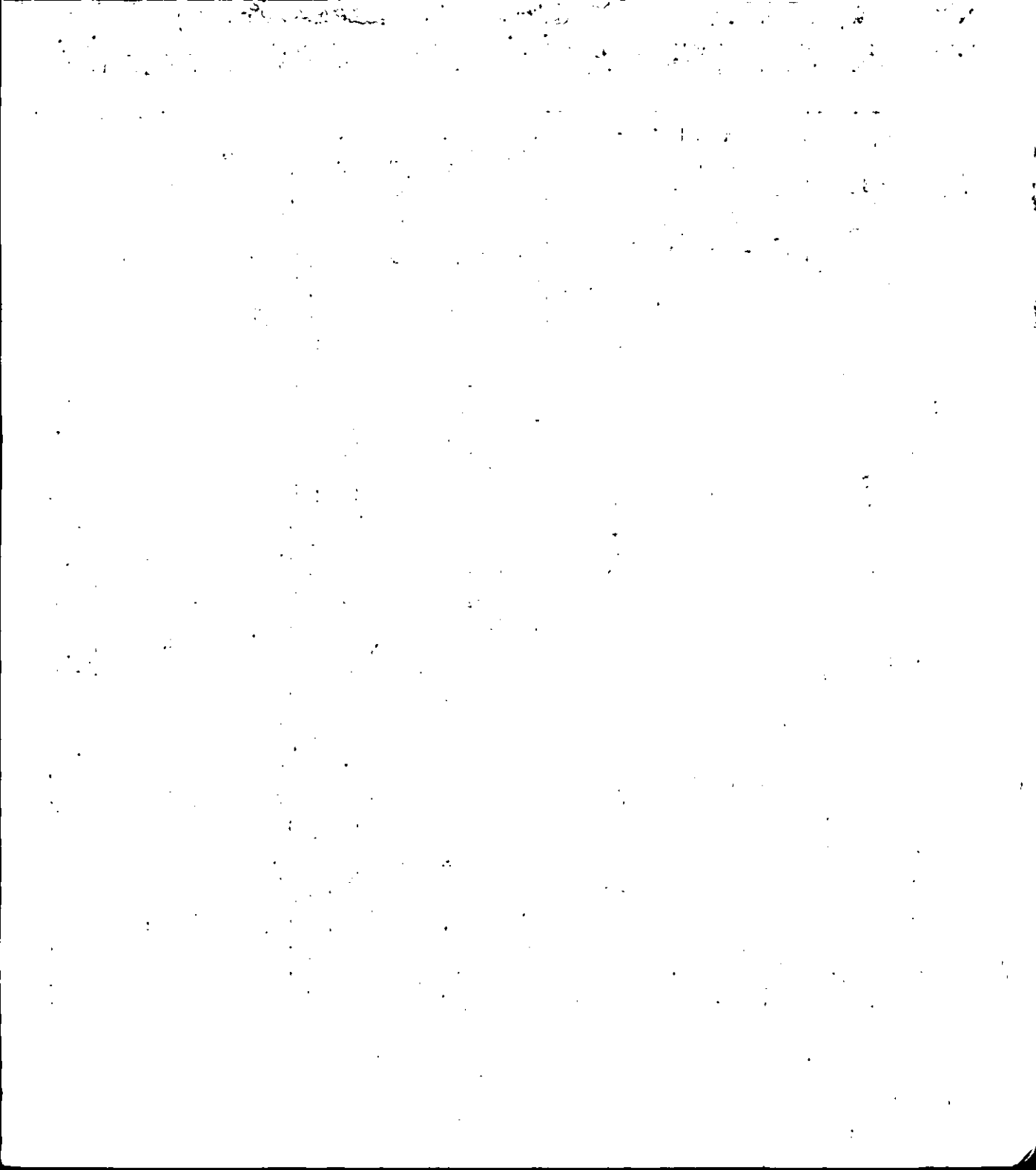
22. I HEREBY CERTIFY, That I attended deceased from January 1924 to July 19 1934
 Last saw him alive on July 19 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Organic Heart Disease Date of onset
Terminal Stage
Nephritis
Intestinal obstruction
 Other contributory causes of importance: 181

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 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?
 If so, specify
 (Signed) W. B. Sheets, M. D.
 (Address) Orick Mo



Ray

WASHINGTON

17

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James Broadhurst
Who died at _____ on July 19 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 68 Months 7 Days 2

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Organic heart disease Month _____ Year _____
Birthplace (State or country) rephritis Interstitial
Birthplace of father (State or country) _____
Birthplace of mother (State or country) Chronic Interstitial nephritis
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____ 131

What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Robt. Sheets - Orreok mo
Address of physician _____

Signature of Registrar [Signature] Date filed 10/18/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 743
Primary Reg. Dist. No. 4445

E. T. McGaugh
State Registrar
Special Agent.

5-26084