

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Madison Registration District No. 038
 Township _____ Primary Registration District No. 3028
 City Fredericktown St. _____ Ward _____
 2. FULL NAME James Eugene Broadfoot
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 31172
 Registered No. 60

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 - 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 4 27
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18, 1937
 22. I HEREBY CERTIFY, That I attended deceased from 8/12 1937 to 8/18 1937
 I first saw him alive on 8/18 1937 Death is said to have occurred on the date stated above, at 1:30 am.
 The principal cause of death and related causes of importance were as follows:
Septicemia following Date of onset 8/12-37
Rush injury
 Other contributory causes of importance:
Rheumatic Arthritis
General

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarks md
 13. NAME John T Broadfoot
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon County md
 15. MAIDEN NAME Essa
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon County md
 17. INFORMANT (ADDRESS) John T Broadfoot
 18. BURIAL, CREMATION OR REMOVAL PLACE Miss La Motte Aug 20 37
 19. UNDERTAKER (ADDRESS) P. C. Howell Fredericktown
 20. FILED Aug 20, 1937 S. C. Slaughter Registrar

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~~ ~~homicide~~ _____ Date of injury 8/4, 1937
 Where did injury occur? Fall from beam of left
 (Specify city or town, county, and State)
 Specify whether injury occurred in ~~home~~ home, or in public place
 Manner of injury Fall accidental
 Nature of injury Rush joint contusions
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. Harry Dorrer, M. D.
 (Address) Fredericktown
No

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.

By E. A. Chavana

