

AUG 29 1928

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

Do not use this space.

26134

## PLACE OF DEATH

County ShannonTownship Newtown

City (No. ....)

Registration District No. 1125Primary Registration District No. 6082

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME James H. Broadfoot

(a) Residence. No. .... St. .... Ward. .... (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Broadfoot6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-12-18617. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 10 9

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)10. NAME OF FATHER Charles Broadfoot11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Josephine Moffitt13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)14. INFORMANT Laurice Broadfoot  
(Address) Sub. Mo.15. FILED 7-10 19 28 Camilla Prugh  
REGISTRAR

## 1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-10-192817. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to July 10, 1928, that I last saw him alive on July 11, 1928, and that death occurred, on the date stated above, at 8-20 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Esophagus440 (duration) yrs. mos. 60 da.

CONTRIBUTORY (SECONDARY) .....

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frank Boyd, M. D.7-10, 1928 (Address) Evansville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Short Cemetery 7.10, 1928

20. UNDERTAKER ADDRESS

H. Harverstick Irving Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

