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

2/214 2149 2

PLACE OF DEATH
County Moniteau Registration District No. 214
Township Burris Fork Primary Registration District No. 9794-8
City (No. St. Ward)
File No. 2149
Registered No. 214 2/214

2. FULL NAME Sarah Jane Mc-Broom
(a) Residence. No. Russellville, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF
Wife of Ed.Mc-Broom

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb.5th,1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russellville,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Jessie Steenburgen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Sophie Glover
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No Record

14. INFORMANT Ed Mc-Broom
(Address) Russellville Mo.

15. FILED 1-9 1931 Hugh L Enloe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan.2nd,1931 19

17. I HEREBY CERTIFY, That I attended deceased from Dec.29th 1930 to Jan.2nd 1931 19
that I last saw h... alive on ... 19 and that I only mailed her medicine
death occurred, on the date stated above, at 5-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. L. Glover, M. D.
, 19 (Address) Russellville 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: Highland Cemetary Moniteau Co.
DATE OF BURIAL: Jan.4th, 1931
20. UNDERTAKER: G.N.Steffens
ADDRESS: Russellvill Mo.

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.