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That the above named Adeline H. Brosman died on the 27th day of January 1954, and her life estate in the above described property together with the increase thereof and the rents, issued and profits therefrom terminated and ended and Thomas A. Brosman, Jr., and John Walter Brosman became the sole owners thereof.

That these affiants Thomas A. Brosman, Jr., and John Walter Brosman are the identical persons mentioned in the Decree of Distribution and the sole and only property owned by and belonging to the said Adeline H. Brosman at the time of her decease was a life estate in the above described property together with the increase thereof and the rents, issues and profits therefrom which were on hand at the time of her decease.

That attached hereto and made a part hereof is an official death certificate of Adeline H. Brosman, deceased, certified to by the public authority in which such original death certificate is a matter of record,

T. A. Brosman Jr.
John Walter Brosman

Subscribed in my presence and sworn to before me this 9th day of June 1954.

N. N. Summers, Clerk & Clerk
By Hazel O. Bloom, Deputy

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NO. 2

BIRTH NO.

CERTIFICATE OF DEATH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1. PLACE OF DEATH
a. COUNTY: Sublette
b. CITY OR TOWN (If outside corporate limits, write RURAL): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Wyoming
b. COUNTY: Sublette
c. CITY OR TOWN (If outside corporate limits, write RURAL): Rural — Pinedale
d. STREET ADDRESS (If rural, give location): Pole creek near route 187

3. NAME OF DECEASED (Type or Print): a. (First) Adeline b. (Middle) Helen c. (Last) Brosman

4. DATE OF DEATH (Month) (Day) (Year): 1 27 54

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday): 73 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (City or County, State or Foreign country): Blair, Nebraska

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: W.H. McMullen

14. MOTHER'S MAIDEN NAME: Thorndike

14a. NAME OF HUSBAND OR WIFE: Thomas Arthur Brosman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE (Signature or declared form): Walter Brosman ADDRESS: Pinedale

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), (c).
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrolyte Imbalance — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) Jejunal fistula — 7 days
DUE TO (c) Carcinoma of Stomach — Unknown

II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION, PATHOLOGIC EXAMINATION (Specify which):
Carcinoma of stomach with extension by invasion

19c. AUTOPSY? YES ☐ NO ☐

20a. ACCIDENT, SUICIDE, HOMICIDE (Specify):

20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

20c. (CITY OR TOWN) (If in rural area, write RURAL) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1953 to Jan 27 1954 that I last saw the deceased alive on Jan 27 1954 and that death occurred at 8:55 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Robert P Krapf Jr. MD

23b. ADDRESS: Pinedale

23c. DATE SIGNED: 5-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify):

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 5-15-54

REGISTRAR'S SIGNATURE: Robert P Krapf Jr.

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: