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.

SEP 26 1930

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

Do not use this space.

27654

1. PLACE OF DEATH

County: Randolph — Registration District No.: 755

Township: — Primary Registration District No.: 3634

City: Moberly (No. 209, Hinkley St. Ward)

File No.:

Registered No.: 396

2. FULL NAME Bernice M. Brockman

(a) Residence. No. 209 Hinkley 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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19th 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	12	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: W. R. Brockman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Annie Kerioyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: W. R. Brockman
(Address): Moberly, Mo

15. FILED 9/2 1930 Dr. Thos. L. Fleming, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1 22nd, 1930, to Aug 31st, 1930 that I last saw her alive on Aug 31st, 1930 and that death occurred, on the date stated above, at 5:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis following Tubal Colitis
120 TB
129 / 1416
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
9-2nd, 1930 (Address) Moberly 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: Huntsville, Mo — DATE OF BURIAL: 9-2nd 1930

20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly Mo