

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

Do not use this space.

10324

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5-5-8
 City Kansas City (No. 92nd & Prospect St. _____ Ward)

2. FULL NAME Clemen Sanders Brock

(a) Residence. No. 92 & Prospect 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. 6 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/2/1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>76</u>	<u>10</u>	<u>27</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nurseryman
 (b) General nature of industry, business, or establishment in which employed (or employer) ret'd 1/1905
 (c) Name of employer Hart Pioneer Co.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn

PARENTS
 10. NAME OF FATHER James Brock
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown 31
 12. MAIDEN NAME OF MOTHER --- Sanders
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) unknown

14. INFORMANT J. O. Brock (Address) 92 & Prospect

15. FILED 3-3-1931 Fred R. Smith REGISTRAR
Sub

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/1/1931

17. I HEREBY CERTIFY, That I attended deceased from Febr 26, 1931, to Febr 28, 1931 that I last saw him alive on Febr 28, 1931, and that death occurred, on the date stated above, at 12:10p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatic Colic
108
578/08 (duration) _____ yrs. _____ mos. 6 ds.
 CONTRIBUTORY Rheumatism at (SECONDARY) Peak (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. M. Calmes M. D.

3/2 - 1931 (Address) 3850 Brookline

*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 Mt. Hope DATE OF BURIAL 3/1/1931

20. UNDERTAKER Geo. H. Long ADDRESS K. C. K.

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.

APR 23 1931

B. F. Lewis

1887

1887