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

Do not use this space.

38430

1. PLACE OF DEATH
County: New Madrid
Township: Portage
City: Portageville (No. ..... , ... St. ..... Ward)

Registration District No. 60 7
Primary Registration District No. 4361

File No. 41
Registered No. .....

DEC 28 1931

2. FULL NAME: Eddie Brock

(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 27 yrs. 5 mos. 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-22-1904

7. AGE: YEARS 27 | MONTHS 5 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Portageville Mo

FATHER
13. NAME: Ira Brock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scott County Mo

MOTHER
15. MAIDEN NAME: Massa Lee La Sieur
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Portageville Mo

17. INFORMANT (ADDRESS): Jesse Brock Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL: Portageville Cemetery DATE 12-1-1931

19. UNDERTAKER (ADDRESS): R M Parker Portageville Mo

20. FILED 12/7 1931 E A Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-30-1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

by vointeraly taking two ounces of Carbolic acid 165°

Date of onset

Other contributory causes of importance: 163

Name of operation ..... Date of .....
What test confirmed diagnosis? Inquest. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 11-30, 1931
Where did injury occur? at Portageville (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury .....
Nature of injury Poison

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) S H Holman coroner, M.D.
(Address) Portageville 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.

WRITE PLAINLY, WITH UNFADING INK