

FEB 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township KAW  
City Kansas City

Registration District No. 300  
Primary Registration District No. 1002  
(No. 404, Huntington Rd. 2)

File No. 1298  
Registered No. 151  
Ward 89

2. FULL NAME Mrs. Mary Ellen Brockman

(a) Residence, No. 404 Huntington Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F  
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) Danville Kentucky

FATHER 13. NAME Wm. Saunders Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia

MOTHER 15. MAIDEN NAME Jemima Best

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia

17. INFORMANT J. T. Byars  
(ADDRESS) 404 Huntington Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washingtn DATE Jan-8 1937

19. UNDERTAKER D. W. Newcomers Sons  
(ADDRESS) Brushcreek & Paseo

20. FILED 1-7 1937 M. M. Crowe, asst Registrdr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Jan 6, 1937  
I last saw her alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 9:15 PM  
The principal cause of death and related causes of importance were as follows:

arterio-sclerosis  
myocarditis

Date of onset

Other contributory causes of importance:

Name of operation AS Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. Schubert, M. D.

(Address) 814 Medical art.

Uw 5800

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. .... St. .... Ward)

File No. 89  
Registered No. ....

**2. FULL NAME** Mrs. Mary Ellen Brockman

(a) Residence, No. 4041 Huntington Rd. 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) .....

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

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. 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS) .....

20. FILED 1/7 1937 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw him/her 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:

Atherosclerosis  
Myocarditis  
chronic

Date of onset

Other contributory causes of importance: me

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Julius H. Haupt M. D.

(Address) .....

S-1298

