FEB 27 1937

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

Do not use this space.

6287

File No. 644

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City, Mo. (No. 3519 Prospect St. Ward)

2. FULL NAME Elwood I. Brock

(a) Residence, No. 3519 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. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Dixie Brock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18, 1866

7. AGE: 70 YEARS, 8 MONTHS, 16 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Repairman on
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Victrolas
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): Trenton, New Jersey

FATHER

13. NAME: Theodore Brock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morristown, New Jersey

MOTHER

15. MAIDEN NAME: Hannah Ivins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bridgetown, New Jersey

17. INFORMANT (ADDRESS): Mrs. Dixie Brock, 3519 Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Feb. 6, 1937

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED 2-6- 1937 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1937, to Feb 4 1937
I last saw him alive on Feb 3 1937. Death is said to have occurred on the date stated above, at 10:05 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

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Other contributory causes of importance: Coronary Sclerosis.

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) [illegible], M. D.
(Address) 210 W. Cor. 27th & Prospect, K. C. 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.

Brookside
Garage

Permits