

REC'D MAY 20 1938

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

14906
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 409
(b) Township W. Jackson Primary Registration District No. 4243
13 (c) City Drewry (d) Street No. R. 1 - Jasper St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
0 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Infant Brock 620
(a) Residence, No. R. 1 - Jasper St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) 4-28-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 1/2 hrs. or min. 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) Drewry, Mo.

FATHER 13. NAME Gerald L. Brock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drewry, Mo.

MOTHER 15. MAIDEN NAME Vera M. Gilliam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drewry, Mo.

17. INFORMANT (ADDRESS) Mrs Bertha Gilliam

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Pk DATE 4-29 1938

19. FUNERAL DIRECTOR (ADDRESS) Family

20. FILED 5-10 1938 Ed Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-28 1938, to 4-28 1938
I last saw him alive on 4-28 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (about 5 mos)
Mother was killed by car 2 or 3 days before
Date of onset _____
Other contributory causes of importance: 159
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) W. H. Brookshier, M. D.
(Address) Joplin, Mo.
3725

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)