

REC'D JUN 16 1938

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

17926  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Registration District No. 120  
(b) Township Cape Primary Registration District No. 3009  
(c) City Cape Girardeau, Mo. (d) Street No. 620 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Margaret Amy Brock

(a) Residence, No. 513 South Benton St. 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 Female 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) Apr. 3, 1867.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 I 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
9. Industry or business in which work was done, as saw mill, bank, etc. II  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wayne County,  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Phillip L Brock  
14. BIRTHPLACE (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lydia Margaret Hubbard  
16. BIRTHPLACE (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Maggie Hudson  
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfield Cem. DATE May II 1938  
Fairfield Ill

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home  
(ADDRESS) Cape Girardeau, Mo.

20. FILED 5-10-38 John Thompson  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1938, to May 10, 1938  
I last saw her alive on May 8, 1938. Death is said to have occurred on the date stated above, at 8:17 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: 108

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

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? NO  
If so, specify.....

(Signed) W. A. Schoen, M. D.(Address) Cape Girardeau, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....  
....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**