

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

32023
 Do not use this space.

1. PLACE OF DEATH **1938**
 (a) County **Cole** Registration District No. **212**
 (b) Township **Clark** Primary Registration District No. **2292** Registered No. **109**
 (c) City **Eugene** (d) Street No. _____ 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 **Martha Ann Brockman**
 (a) Residence, No. _____ 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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 23 1865**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	10	11	

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. **Housewife**
 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) **Missouri**

FATHER
 13. NAME **John Mc Fall**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER
 15. MAIDEN NAME **Saphrona Taylor**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **W. P. Brockman Eugene**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Tuscumbia** DATE **9-6-1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Phillips Funeral Home Eldon, Missouri**

20. FILED **Sept 15 1938 Mrs. V. R. Glavin** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-4-1938**, 19__

22. I HEREBY CERTIFY, That I attended deceased from **9-2-1938**, 19__, to **9-4-1938**, 19__
 I last saw her alive on **9-4-1938**, 19__. Death is said to have occurred on the date stated above, at **5:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset **9/2/38**
Arteriosclerosis several years.
 Other contributory causes of importance:
 Name of operation **None** Date of _____
 What test confirmed diagnosis? **Physical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **XX** Date of injury **XX** 19__
 Where did injury occur? **XX**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
None
 Manner of injury **XX**
 Nature of injury **XX**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **XX**
 (Signed) **W. H. Spisley**, M. D.
Eugene, Missouri

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.

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,

Louis D. Phillips

or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

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.