

REC'D MAR 17 1939

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

6394  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Dent Registration District No. 266  
 (b) Township Springcreek Primary Registration District No. 5370 Registered No. 22  
 (c) City \_\_\_\_\_ (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

625 Edward Brockman  
 (a) Residence, No. Salem, Mo R. 3 Box 103 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 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 Genevra Brockman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1879  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 5 16  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cooperage  
 9. Industry or business in which work was done, as saw mill, bank, etc. Worker  
 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) Penn.

FATHER 13. NAME Will Brockman

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

MOTHER 15. MAIDEN NAME Mary Butterworth

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

17. INFORMANT (ADDRESS) Genevra Brockman  
Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Cem DATE 2/26/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl K. Spencer  
Salem, Mo.

20. FILED Feb 25, 1939 F. E. Butler, M.D.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/39 1939

22. I HEREBY CERTIFY, That attended deceased from Oct 6, 1938 to Feb 24, 1939  
 I last saw him alive on Feb 24, 1939. Death is said to have occurred on the date stated above, at 4:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal Disease Date of onset 1938

Other contributory causes of importance:

Arteriosclerosis Oct 6 39

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury 1, 1939

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 None

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

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) F. E. Butler, M.D., M. D.  
Salem, Mo.

(Address) \_\_\_\_\_

**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, .....

*Wm. W. McDonald*

....., or by .....

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

Signed.....

*Wm. W. McDonald*

Licensed Embalmer No. *3806*

P. O. Address.....

*Salem, Mo.*

**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.**