

JAN 12 1939

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

43670
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township Joplin, Mo. Primary Registration District No. 2002 Registered No. _____
(c) City Joplin, Mo. (d) Street No. St. John's Hospital 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 Fred Brock
(a) Residence, No. Como Hotel 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Winifred Dodson Brock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
44 10 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) Diamond, Missouri

FATHER 13. NAME Perry Brock

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

MOTHER 15. MAIDEN NAME Dora Alice Franklin

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

17. INFORMANT (ADDRESS) Russell Brock
Cartersville, Mo.

18. BURIAL, CREMATION, OR DISPOSAL PLACE Fasken DATE 12-7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home
Carthage, Mo.

20. FILED 12-8, 1939 Ed James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him dead December 6, 1939. Death is said to have occurred on the date stated above, at 11:45 P.M. 12-5-39.
The principal cause of death and related causes of importance were as follows:

Gunshot in head by a .38 cal. revolver shell inflicted suicide
Date of onset 16/

Other contributory causes of importance: Worry - domestic and financial

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 12-5-, 1939

Where did injury occur? Joplin, Mo. (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury gunshot - head

Nature of injury suicide

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

If so, specify (Signed) D. C. Winchester, M. D.

(Address) Joplin, 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.

RECEIVED

District Health Officer No. 6,

Case File Number 140-147

Date Filed JAN 10 1940

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 *E. L. ...*

Licensed Embalmer No. 2222

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.