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.

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

Do not use this space.

26830

1. PLACE OF DEATH: Cole
County: Cole
Township:
City: Jefferson (No. ..... St. ..... Ward)
Registration District No. 215
Primary Registration District No. 3014
File No.
Registered No. 191

2. FULL NAME: Harold Brockman
(a) Residence. No. ..... St., ... Ward. Elston Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 10-1919
7. AGE: Years 9 | Months 4 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Jefferson City Mo
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City Mo

PARENTS
10. NAME OF FATHER: Jno Brockman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Maggie Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Mrs Jno Brockman
(Address): Elston Mo
15. FILED: 9-5-28 S V Bedford M D
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 8 1928
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., and that death occurred, on the date stated above, at 7 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Convulsions. Cause unknown
87 D (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY): 80
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) G. W. Gillham, M. D
8/9, 1928 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Evangelical Cem
DATE OF BURIAL: 8/10 1928
20. UNDERTAKER: Dawson Tarm
ADDRESS: JC Mo