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

Do not use this space.

2005

FEB 2 1929

1. PLACE OF DEATH

County Jasper — Registration District No. 409

Township Joplin — Primary Registration District No. 4242 — File No. 1

City Duenweg (No. 2 mi. S.E. Duenweg) — Registered No. ... Ward)

2. FULL NAME James L Brock

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S., if of foreign birth? ... yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED OR DIVORCED — HUSBAND OF (OR) WIFE OF: Emma L Brock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 15 1850

7. AGE — Years: 73 | Months: 1 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ...
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jerry Brock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) N Carolina

12. MAIDEN NAME OF MOTHER Rozzell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) S Carolina

14. INFORMANT J. S. Brock
(Address) Motor Rt 4 Joplin

15. FILED 1-3-, 1929 — Or M R Baddie, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 — 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-8-28, 19..., to 1-2-29, 19..., that I last saw h... alive on 1-2-29, 19..., and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio Pneumonia,
IIA
107A.
(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (SECONDARY) Influenza.
(duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. H. Goodin, M. D
1-3-, 1929 (Address) Duenweg, 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: Forest Park — DATE OF BURIAL: 1-4-1929

20. UNDERTAKER: Murchison Undertaking Co — ADDRESS: Joplin Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

U. S. No. 2.