

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

Do not use this space.

37045

1. PLACE OF DEATH

County Washington Registration District No. 398
 Townships Bellevue Primary Registration District No. 554
 City Washington (No. 20) 7 Hazel St. _____ Ward _____

File No. _____
 Registered No. 379

2. FULL NAME

William Brock
 (a) Residence. No. 120 1/2 Hazel 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>7</u> hrs. or <u>—</u> min.
	0	0	0	

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

9. BIRTHPLACE (CITY OR TOWN) 212 1/2 Hazel
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Lloyd Brock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mollie Stettin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo

14. INFORMANT Lloyd Brock
 (Address) 212 1/2 Hazel

15. FILED 11-13-29 J. R. Root REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 12 1929, to Nov 12 1929, and that I last saw her alive on Nov 12 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
18 of tetanosis
10 1/2 (duration) 0 yrs. 0 mos. 0 ds. 7 1/2

CONTRIBUTORY Parvularium birth
 (SECONDARY) 7 mo (duration) 0 yrs. 0 mos. 0 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 no observation
 (Signed) W. Gallagher M. D.

(Address) Nov 12 1929 6900 Washington Bldg

*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 Lee Summit DATE OF BURIAL Nov 13 1929

20. UNDERTAKER Rose & Henderson - K. C. Mo. ADDRESS _____

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.

THIS IS A PERMANENT RECORD.

