

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

Do not use this space.

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1. PLACE OF DEATH

County Clinton
Township Platte
City Oshorn (No. _____)

Registration District No. 210
Primary Registration District No. 5290

File No. 5
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Susan Brockman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>			
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Brockman</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 - 1840</u>					
7. AGE	YEARS <u>90</u>	MONTHS <u>3</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, 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) <u>Kentucky</u>					
FATHER	13. NAME <u>Susan Brockman</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
MOTHER	15. MAIDEN NAME <u>Susan Blackenship</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> <u>John Brockman</u>				
17. INFORMANT <u>Oshorn, Missouri</u> (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL <u>burial</u>					
PLACE <u>Graceland</u> DATE <u>Jan 23 1931</u>					
19. UNDERTAKER <u>F. H. Steward, Missouri</u> (ADDRESS)					
20. FILED <u>Jan 22 1931</u> <u>John Kay</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 30 1931

22. I HEREBY CERTIFY that I attended deceased from DEC - 1 - 1930 to Jan - 20 - 1931
I last saw him alive on DEC - 19 - 1930. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
Date of onset _____

Other contributory causes of importance
95 B (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. J. Longfield M. D.
(Address) J. J. Longfield, 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.

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

FEB 18 1931



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