

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

Do not use this space.

20320 / 15

**1. PLACE OF DEATH**

County Jacobs  
Township Oliver  
City Paacutus

Registration District No. 829  
Primary Registration District No. 6130

File No. 15  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Arthus H. Brockelmeyer

(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 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>17</u>	<u>=</u>	<u>31</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boy  
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) Kirkwood mo

FATHER 13. NAME Henry J Brockelmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven mo

MOTHER 15. MAIDEN NAME Mary Schroeder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven mo

17. INFORMANT (ADDRESS) Robert C Brockelmeyer

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) 600 new ave Springfield mo

19. UNDERTAKER (ADDRESS) L.C. Fertig New Haven mo

20. FILED 5/4 1931 Pa Thornhill Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. in alive on 5-3, 1931 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Drowned while swimming in lake Saxeysboro - at School of Banks.

Other contributory causes of importance: \_\_\_\_\_

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Name of operation 183 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? Haccatus mo (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 Drowned

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Spier Richmond, M. D.  
(Address) Braunson & Co 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. MAY 27 1931

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

