

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

Do not use this space.

**1. PLACE OF DEATH**

County Cloy Registration District No. 200  
Township Kearney Primary Registration District No. 4120  
City Kearney (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 37162  
Registered No. 14

**2. FULL NAME**

John 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WHO WIVES OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Nattie Brockman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 - 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>3</u>
	DAYS <u>19</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>Contractor</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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Nov 5, 1931.  
I last saw him alive on Nov 5, 1931. Death is said to have occurred on the date stated above, at 2:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Date of onset 8/4/31 (1931)

Other contributory causes of importance:  
82A 82A

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>John Brockman Sr</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Margarete Prence</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT (ADDRESS) <u>Jack Brockman</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kearney</u> DATE <u>Nov 8</u> , 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>Confined by Kearney</u>	
20. FILED <u>11/7</u> <u>31</u> <u>John L. Smith</u> Registrar	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) W.C. Hamilton, M. D.  
(Address) Kearney 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.

DEC 8 1931

