

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.

MAR 23 1932

41394

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

Do not use this space.

41394-a

1. PLACE OF DEATH

County Laclede
Township Mayfield
City (No. _____) _____

Registration District No. 277
Primary Registration District No. 5610

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Janis 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 F. 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 F. J. Brockman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Noble Co. Ohio.

13. NAME Wm. Alltop

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ohio.

15. MAIDEN NAME Semantha Marenig

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown.

17. INFORMANT (ADDRESS) F. J. Brockman
Stratton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnett. DATE 12/12/31

19. UNDERTAKER (ADDRESS) Julius
Stratton, Mo.

20. FILED Dec 12, 1931 Walter Stratton
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1931, to Dec 10, 1931.
I last saw her alive on Dec 10, 1931. Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Mammary Gland
46 B
46 B
Other contributory causes of importance:
Cerebral

Date of onset 1929
7 day
before death

Name of operation hysterectomy Date of _____
What test confirmed diagnosis? hist. and diag. 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) G. E. Cartier, M. D.
(Address) St. Louis, Mo.

