

5746-1

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

Do not use this space.

1. PLACE OF DEATH

84 County Franklin Co. Registration District No. 708
Township Huron Green Primary Registration District No. 2937
City (No.) Ward

File No. 5746-1
Registered No. _____

2. FULL NAME

James B. Brock
(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Brock
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1856
7. AGE YEARS 76 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) Tenn.

MOTHER FATHER 13. NAME Lewey Brock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Nancy Bayles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Silver Sampson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Aug 20 - 1932

19. UNDERTAKER Hutcherson Blue
(ADDRESS)

20. FILED J. W. Moore 19 _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1932 to Feb. 18, 1932
I last saw him alive on Feb. 18, 1932 Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Date of onset _____
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? (1) 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? _____
If so, specify _____
(Signed) J. W. D. Rogers, M. D.
(Address) Bridgton

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

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.

SEP 26 1932

