

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

Do not use this space.

5778

**1. PLACE OF DEATH**

88 County Randolph  
3 Township  
1 City Clifton Hill (No. ....)

Registration District No. 737  
Primary Registration District No. 4436

File No. ....  
Registered No. 2  
St. .... Ward)

**2. FULL NAME**

John Graves Brockman

(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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
80 2 18

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Farming Retired  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Randolph co 1

10. NAME OF FATHER Lingy Ellis Brockman

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Virginia 2

12. MAIDEN NAME OF MOTHER Susan Graves

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs Fay Mays  
(Address) Clifton Hill

15. FILED Apr 11, 1932 J. Broadshew REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28, 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932 to Feb 28, 1932, that I last saw him alive on Feb 28, 1932 and that death occurred, on the date stated above, at 8 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage

J. P. Patton (duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) J. P. Patton (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?..... 0

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. C. Alexander M. D.  
, 19 (Address) Clifton Hill Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clifton Hill DATE OF BURIAL Mar 1 1932

20. UNDERTAKER Tom B Patton ADDRESS Huntsville

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.

