

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

Do not use this space.

8801

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township New Primary Registration District No. \_\_\_\_\_  
City Near Union Station Hospital (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1467  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 5911 Grand 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. 1 1/2 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mary Theresa Brockmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1862

7. AGE YEARS 69 MONTHS 11 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St. P. Terminal Co.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Dept. 189  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 14 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME George Brockmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) think Germany

MOTHER 15. MAIDEN NAME Margaret Suthard

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

17. INFORMANT (ADDRESS) Mrs Emmett Allen Billings

18. BURIAL, CREMATION, OR REMOVAL PLACE Nokomis Ill DATE Mar 31 1932

19. UNDERTAKER (ADDRESS) Elyar Funeral Home 1800 Linwood

20. FILED 4-7-32 M. M. Crowe Registrar

**3 MEDICAL CERTIFICATE OF DEATH Saturday**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1929, to Mar. 26 1932  
I last saw h. i. a. alive on Mar 26 1932. Death is said to have occurred on the date stated above, at 9:30 p. m.  
The principal cause of death and related causes of importance were as follows:

acute indigestion & Mar. 26 32  
following intestinal & Mar. 20 32  
influenza superimposed  
on chronic myocarditis & 1929  
9:30  
Other contributory causes of importance:  
11.0 9:30 11:00 11:00 11:00

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-Ray, physical exam. 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) Harvey E. Johnson  
(Address) 242-3 West 13th St. Kansas City Mo.

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.

also to me 9/4/11

at New York

Wagon 12000 + 10000

Fraser 10000 plus

and 10000 plus

Handwritten notes on the left side of the page, possibly including a date or reference number.