

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

Do not use this space.
8964

1. PLACE OF DEATH

5-0 County Jefferson
Township Joachim
City St. Louis (No. _____)

Registration District No. 421
Primary Registration District No. 5575

File No. _____
Registered No. 17
St. _____ Ward)

2. FULL NAME

(a) Residence. No. Hotel No 170 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
51 5 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blue Spring
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Brock Sr

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

12. MAIDEN NAME OF MOTHER Anna Blatch

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

14. INFORMANT Laura Brock
(Address) Worine Mo

15. FILED 3/29, 1932 J. C. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to March 28, 1932 that I last saw him alive on March 28, 1932 and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Skull
Caused by kick from horse
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 188
IF NOT AT PLACE OF DEATH. (1)

DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Dr. A. E. Hensley M. D.

March 29, 1932 (Address) Worine 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 St. Martins, High Ridge DATE OF BURIAL March 31, 1932

20. UNDERTAKER John G. Koch ADDRESS Fulton 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.

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

APR 27 1932

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