

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

Do not use this space.

13621

1. PLACE OF DEATH

County Ray Registration District No. 739
Township Camden Primary Registration District No. 4441
City Camden (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Ida Y 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1872

7. AGE YEARS 59 MONTHS 10 DAYS 23
If LESS than 1 day, _____ hrs. _____ min.

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) Camden _____

13. NAME Granville Spitzer

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

15. MAIDEN NAME Susan Edin

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

17. INFORMANT (ADDRESS) Mrs D. F. Berry
Camden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden DATE 7 April 1932

19. UNDERTAKER (ADDRESS) F. S. Rowland

20. FILED April 6, 1932 H. W. Burgess
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 4 - 1 - 1932 to 4 - 5 - 1932

I last saw her alive on 4 - 5 - 1932 Death is said to have occurred on the date stated above, at 5 - 9 - m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
IIA
107A / 110
Influenza
Date of onset 4-1-32
3-28-32

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

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) E. T. M. Trough, M. D.

(Address) Richmond, 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.

APR 28 1932

