

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

Do not use this space.

27262

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clifton (No. St. Louis Co. Kept St. _____ Ward) _____

2. FULL NAME

Donald Brockman
 (a) Residence. No. Valley Park, 700 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. 1 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) Single.
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1931.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		9	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer At home with parents.

9. BIRTHPLACE (CITY OR TOWN) Rossville, Ill 2
 (STATE OR COUNTRY) Ill.

PARENTS	10. NAME OF FATHER <u>Harry Brockman,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Glencoe, 1</u> (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Amy Eaken,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Alvin, 2</u> (STATE OR COUNTRY) <u>Ill.</u>

14. INFORMANT Harry Brockman,
 (Address) Valley Park, Mo.

15. FILED Aug 8, 1932 K.W. Sullivan
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-7-1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th
 _____, 1932 to Aug 7, 1932
 that I last saw him alive on Aug 7, 1932 and that death occurred, on the date stated above, at 6:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

107A
 CONTRIBUTORY (SECONDARY) Bronchopneumonia
 (duration) _____ yrs. _____ mos. 12 ds.
 (duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Vandover Rd. Valley Park.

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Widal.
 (Signed) B. C. Korshak M. D.

8/7, 1932 (Address) St. Louis Co. Hosp.
 *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 <u>Bethel Cem. Pond, Mo.</u>	DATE OF BURIAL <u>8/9/32 19</u>
--	------------------------------------

20. UNDERTAKER <u>Schrader Und. Co.</u>	ADDRESS <u>Ballwin, Mo.</u>
--	--------------------------------

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.

AUG 31 1932

