

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

Do not use this space

32184

1. PLACE OF DEATH

County Bollinger Registration District No. 70
Township Wheeler Primary Registration District No. 5008
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 12

2. FULL NAME

Barbara Ann Catherine Brocker

(a) Residence, No. Gant Mo 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fredricka Brocker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) X <u>Apr 20, 1933</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
X	<u>62</u>	<u>5</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Bollinger Mo
(STATE OR COUNTRY)

13. NAME August Loberg

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

15. MAIDEN NAME Rachel Mezier

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

17. INFORMANT Ed Brocker
(ADDRESS) Gant Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gant Mo DATE _____ 19____

19. UNDERTAKER Gant Mo
(ADDRESS) Wheeler

20. FILED 10/12 1933 P. S. Stalle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th 1933 to Oct 11th 1933
I last saw him alive on Oct 9th 1933. Death is said

to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

Septicemia of face
36
1933
Other contributory causes of importance:
Infection of nasal passages.

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 _____, 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? _____
If so, specify _____

(Signed) Edward Critch _____ M. D.
(Address) Sedgewickville, 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.

NOV 10 1933

WRITE PLAINLY WITH OMPACTING INSTRUMENTS

