35 y.

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

Do not use this space.

File No. 132546

Registered No.

1. PLACE OF DEATH 24
County: Clay. Registration District No. 201
Township: ~~Liberty Fishing River~~ Primary Registration District No. 5280
City: Mo - City (No. ..... St. ..... Ward)

2. FULL NAME: Robert Brockmeyer.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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 INFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
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): Sept. 16 - 1893

7. AGE: Years 40 | Months 0 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pile Rafting
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: H.D.
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): Lafayette Co Mo.

FATHER
13. NAME: Henry Brockmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Christine Wagner.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren Co Mo.

17. INFORMANT (ADDRESS): Willie Brockmeyer. Lexington Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lexington Mo DATE: Oct 15, 1933

19. UNDERTAKER (ADDRESS): C. J. Gilson Orrick Mo.

20. FILED 10/31/33 E T Brant Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental - while working on Missouri River along the bank & piling rolled down the bank striking the deceased in head and breast	

Other contributory causes of importance:
Killing time fractured skull owing to injuries received while working for U.S. E. Dept.

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? Accident Date of injury Oct 13, 1933
Where did injury occur? Missouri City Mo Clay County Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public or Government work
Manner of injury: Struck by Piling
Nature of injury: Head & Breast Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Catherine W Wysong Coroner Clay Co. Mo, M. D.
(Address) Liberty Clay County Mo