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

FEB 8 1935

Do not use this space. C

1. PLACE OF DEATH
County: Pemiscot
Township: Virginia
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 655
Primary Registration District No. 5872

File No. 9923-B
Registered No. .....

2. FULL NAME: L. H. Brock.
(a) Residence, No. Denton 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: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Mary Brock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-3-1875

7. AGE: Years 59 | Months | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Henderson Tenn.

FATHER
13. NAME: M. Lonnie Brock.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dealin Tenn

MOTHER
15. MAIDEN NAME: Maggie Bledsoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasant Tenn.

17. INFORMANT (ADDRESS): Mrs. L. H. Brock. Denton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mondale DATE: 3-8, 1934

19. UNDERTAKER (ADDRESS): L. L. Moore Wheatland Ala.

20. FILED: 4-1, 1934 Mark Kelly, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1934, to One week, 19..
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized T.B. (3)	

Other contributory causes of importance: Diabetes

Name of operation: neg 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? no
If so, specify .....
(Signed) J. R. Chapman, M. D.
(Address) Steele, 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.