

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.

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

Do not use this space.

JUN 17 1936

18974

1. PLACE OF DEATH

County Cooper Registration District No. 218 File No. _____
 Township _____ Primary Registration District No. 3015 Registered No. 63
 City Boonville (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME

Amelia H. Brockman
 (a) Residence, No. _____ St. _____ Ward. Woodbridge Mo.
 (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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 1872

7. AGE YEARS 64 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Cooper County Mo

FATHER 13. NAME Peter W. Diehl

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

MOTHER 15. MAIDEN NAME Caroline Heiter

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

17. INFORMANT George Brockman (ADDRESS) Woodbridge Mo

18. BURIAL, CREMATION, OR REMOVAL Walnut Grove DATE May 22 1936

19. UNDERTAKER Goodman & Boller (ADDRESS) Boonville Mo

20. FILED May 22 1936 St. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to May 21, 1936

I last saw him alive on May 21, 1936 Death is said to have occurred on the date stated above, at 5 p. m.

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

Carcinoma of cervix of uterus

Other contributory causes of importance:

Bran metastases.

Name of operation Radium X-ray Date of 1935

What test confirmed diagnosis? Prosy Was there an autopsy? No

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? Yes

If so, specify _____

(Signed) Allen Ravenhway, M. D.

(Address) Boonville, Mo

