JUN 27 1936

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

Do not use this space.

21653

1. PLACE OF DEATH
County Scott — Registration District No. 816 — File No.
Township — Primary Registration District No. 4492 — Registered No. 68
City Chaffee (No. , St. Ward)

2. FULL NAME Juanita Bertha Brockman
(a) Residence, No. So Main St. 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: 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: Robert Brockman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 15, 1908
7. AGE: YEARS 28 — MONTHS 0 — DAYS 7 — 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): Puxico Mo

FATHER
13. NAME: Bert McAdams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mill Spring Mo

MOTHER
15. MAIDEN NAME: Lula Sisco
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Puxico Mo

17. INFORMANT (ADDRESS): Bert McAdams Chaffee, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Hebanoncem, St. Louis, Mo DATE 5/25/1936
19. UNDERTAKER (ADDRESS): Bisplinghoff & Hubbard Chaffee Mo
20. FILED 5/23 1936 W O Finney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936 to May 22, 1936
I last saw her alive on May 22, 1936 Death is said to have occurred on the date stated above, at 2:35 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

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? No
If so, specify
(Signed) G A Sample M. D.
(Address) Chaffee 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.