

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.

AUG 17 1936

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

Do not use this space.

25811

1. PLACE OF DEATH
County De Witt Registration District No. 125
Township St. Lawrence Primary Registration District No. 3009 File No. _____
City St. Lawrence Hospital Registered No. 264 (Ward)

2. FULL NAME Robert Jos. Brock
(a) Residence, No. Benton (Usual place of abode) Mo. Ward. Benton Mo
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Paula Brock Nea Gudis Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>29</u>		<u>2</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. He was Engineer

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) Benton Mo

13. NAME Robert Brock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

15. MAIDEN NAME Elvira Steinsley

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

17. INFORMANT (ADDRESS) Sister (Mrs Wade Miller Benton Mo)

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Mo DATE July 31 1936

19. UNDERTAKER (ADDRESS) P. A. Hesserer Co. Osage Mo

20. FILED 7-30-36 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 / 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 7 / 30 1936 to 7 / 30 1936. I last saw him alive on 7 / 30 1936. Death is said to have occurred on the date stated above, at 11:25 a.m. The principal cause of death and related causes of importance were as follows:
Menigitis (Epidemic type)
18
Other contributory causes of importance:
Emphysema from serum

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) U. P. Smith, M. D.
(Address) Capl. P. P. Anderson

