

OCT 2

MISSOURI STATE BOARD OF HEALTH
1930 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33323

45-60

1. PLACE OF DEATH

County

Saline Co.

Registration District No.

799

Township

Stacy

Primary Registration District No.

6043

File No.

Registered No.

41

St.

Ward)

2. FULL NAME

(a) Residence, No.

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

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

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

3-17-1875

7. AGE

YEARS

61

MONTHS

3

DAYS

1

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Barmer

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)

Saline Co. Mo.

FATHER

13. NAME

Urial Brockway

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

Pa.

MOTHER

15. MAIDEN NAME

Helen Anderson

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

Pa.

17. INFORMANT (ADDRESS)

Helen Brockway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Arrow Rock, Mo.

DATE

8-10

19. UNDERTAKER (ADDRESS)

Hill Brothers

20. FILED

Aug 19 1936 W. M. Little

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 18 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 20 1936, to Aug 18 1936

I last saw him alive on Aug 15 1936 Death is said

to have occurred on the date stated above, at 6:00 p.m.

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

Resecting Hemorrhage,
8201

Other contributory causes of importance:

Hypertension

Date of onset

7/24/36

Name of operation

Date of

What test confirmed diagnosis? Blood. 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

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. D. Davidson

M. D.

(Address)

Stacy, Mo.

