

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

Do not use this space.

JAN 9 1937

1. PLACE OF DEATH

County Gasconade
Township Roark
City (No. , St. Ward)

Registration District No. 303
Primary Registration District No. 5420

File No. 44336
Registered No.

2. FULL NAME Donald Gilbert Bock

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 18th., 1936</u>		
7. AGE YEARS <u> </u>	MONTHS <u> </u>	DAYS <u> </u>
If LESS than 1 day, <u>9</u> hrs. or <u> </u> min.		
8. Trade, profession, or particular kind of work done, as <u> </u> sawyer, bookkeeper, etc. <u>#####</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) <u>Hermann, Missouri</u> (STATE OR COUNTRY) <u>MO</u>		
13. NAME <u>Henry C. Bock</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Hermann</u> (STATE OR COUNTRY) <u>MO</u>		
15. MAIDEN NAME <u>Rose Brautigam</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Hermann</u> (STATE OR COUNTRY) <u>MO</u>		
17. INFORMANT <u>Henry C. Bock</u> (ADDRESS) <u>REDF Hermann, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Swiss Ev. Cemetery</u> <u>12/19/36</u>		
19. UNDERTAKER <u>Hugo H. Blumer</u> (ADDRESS) <u>Hermann, Missouri</u>		
20. FILED <u>12-19-36</u> <u>Anna K. Rieckhoff</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1936, to 12/19, 1936.
I last saw him alive on 12/18, 1936. Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplectasis
Premature birth

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Howard Workman, M. D.
(Address) Hermann Mo

1. The following information is for your information only. It is not to be used for any other purpose.

NO. 5, N. 117, S.

1979

2010-2011

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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