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.

DEC 20 1936

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

Do not use this space.

45315

1. PLACE OF DEATH
County: Laclede
Township: Gasconade
City: ..... (No. ..... St. ..... Ward)

Registration District No. 453
Primary Registration District No. 5619

File No. .....
Registered No. 15

2. FULL NAME: David Stanley Prock

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-31-1918

7. AGE: 18 YEARS / MONTHS / DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy
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): Wright Co. Missouri

FATHER
13. NAME: James William Prock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright Co. Missouri

MOTHER
15. MAIDEN NAME: Bertha Gertrude Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede Co. Missouri

17. INFORMANT (ADDRESS): Bertha Gertrude Prock Competition Mo

18. BURIAL, CREMATION, OR REMOVAL: Competition Mo DATE 12-3-1936

19. UNDERTAKER (ADDRESS): Palmers Lebanon Mo

20. FILED Dec. 2, 1936 E. R. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-24th, 1936, to Dec-2nd, 1936
I last saw h. alive on Dec-1st, 1936. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance: Typhoid Fever following Malarial Fever

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) Robert B. Tiller, M. D.
(Address) Plato, Missouri