

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

18522
Do not use this space.

REC'D JUN 10 1938

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township 1 Primary Registration District No. 3020 Registered No.
 (c) City Carthage (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dora Alice Brock 1020
 (a) Residence, No. 714 W. Central St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>5</u>	<u>1</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Century Ark

FATHER
 13. NAME T. W. Franklin 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
 15. MAIDEN NAME Unknown 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT Fred Brock
 (ADDRESS) Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fasket DATE 6-1 1938

19. FUNERAL DIRECTOR Werner
 (ADDRESS) Carthage

20. FILED May 31 1938 E. J. Mc Intire, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5 1938 to May 28 1938
 I last saw her alive on May 28 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Fracture of hip
 Date of onset

Other contributory causes of importance:
1862
15

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? at residence
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell down stairs
 Nature of injury fracture

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify
 (Signed) Albert P. Wheeler, D.O.
 (Address) Carthage, 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.

STATEMENT BY LICENSED EMBALMER

I, Edlman, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

I, E

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Edlman

Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)