

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

42081
Do not use this space.

1. PLACE OF DEATH ^{HEARD JAN 13 1939}
 (a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1104 Campbell 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 625 Julius Brockman
 (a) Residence, No. 1104 Campbell 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 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) Jan. 15, 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Concordia, Mo. (STATE OR COUNTRY)

FATHER
 13. NAME William Brockman

14. BIRTHPLACE (CITY OR TOWN) Concordia, Mo. (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Caroline Dickenhorst

16. BIRTHPLACE (CITY OR TOWN) Concordia, Mo. (STATE OR COUNTRY)

17. INFORMANT Alvin Brockman (ADDRESS) Concordia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia, Mo. DATE Jan. 6, 1939

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN CO. (ADDRESS) Kansas City, Mo.

20. FILED Dec 31, 1938 M. D. Cronin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-38 19
 22. I HEREBY CERTIFY That I attended deceased from 12-29-38 to 12-29-38, 1938
 I last saw deceased at home Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Diabetic gangrene of both feet
Terminal bronchopneumonia
 Other contributory causes of importance: 59
 Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Walter H. ... M. D.
 (Address) San Diego, Cal. 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.