

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

43952  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Madison Registration District No. 625  
 (b) Township Madison Primary Registration District No. 3031  
 (c) City Mayville (d) Street No. St. James Hosp Registered No. 128  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 2. PRINT FULL NAME Helge Jane Brockus  
 (a) Residence, No. Madison, Mo. 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 Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm C. Brockus  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-23-1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
54 10 23  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Springfield, Mo.

FATHER 13. NAME Carroll M. Dorn

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

MOTHER 15. MAIDEN NAME Walter Ellen Bray

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

17. INFORMANT (ADDRESS) Miss Edith Roberts  
Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity DATE 12/16 1938

19. FUNERAL DIRECTOR (ADDRESS) W. C. Casper  
Trinity

20. FILED 12-16 1938 Marion E. Clardy Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1938

22. HEREBY CERTIFY, That I attended deceased from Dec 3, 1938, to Dec 16, 1938  
 I last saw her alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 9:30 P m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Cardiac decompensation Date of onset Aug 1938

Other contributory causes of importance: Fracture of hip March 1938

Name of operation - 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? No  
 If so, specify -  
 (Signed) C. H. Flynn, M. D.  
Trinity, Mo. (Address)

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.

1 X12004

**STATEMENT BY LICENSED EMBALMER**

I, W. S. Closser, Licensed Embalmer No. 331

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. 5

working under my personal supervision.

Signed W. S. Closser

Licensed Embalmer No. 331

**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.)**