

REC'D FEB 21 1939

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

2622

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 404  
(b) Township Washington Primary Registration District No. 5558 Registered No. 5  
(c) City Hammond Mo (d) Street No. 2017 E 82 st Juneau 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

1025  
Name Lucas Brockman  
(a) Residence, No. 2017 E 82 st Juneau 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 3 5

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) Ill.

FATHER 13. NAME Geo. W. Blackford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Anna Fuller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mr. A. W. Bennie  
(ADDRESS) 2017 E 82 st Juneau

18. BURIAL, CREMATION, OR REMOVAL PLACE Below Springdale DATE 1/26 1929

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. P. L. Hunt  
H. C. Mo

20. FILED 2-6-1939 R. V. Lindsey Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1939 to Jan 24 1939, 1939

I last saw him alive on Jan 24 1939. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Senile pneumonia  
exhaustion and weak  
heart

Date of onset

Other contributory causes of importance: 10

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, 1939

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) Annice L. Hedgoc M. D.

(Address) Stickman Drive, 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.

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**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.**