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.

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

Do not use this space.

DEC'D MAR 16 1939

6321

1. PLACE OF DEATH

27 County Cooper | Registration District No. 218 | File No.

Township | Primary Registration District No. 3015 | Registered No. 25

2 City Boonville (No. St Joseph Hospital St. Ward)

2 625

2. FULL NAME Emil Brokamp

(a) Residence, No. St., Ward. Bunceton, Mo.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Alma Brokamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 23-1886

7. AGE: YEARS 52 | MONTHS 9 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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): Jan 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo

FATHER

13. NAME: Henry J. Brokamp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Mary Louis Behle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Henry Vieth Bunceton

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Clarks Fork Lutheran Cem DATE: Feb 21 1939

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo

20. FILED 2-20 1939 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1939, to 2-18, 1939
I last saw him alive on 2-18, 1939 Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease - decompensation	Jan 1
95B2	

Other contributory causes of importance:

Terminal Pneumonia Rt. lower lobe	2-14-39

Name of operation Date of
What test confirmed diagnosis? Spontaneous 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) Aubry H. Wells, M. D.
177 (Address) Boonville, Mo.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3/6/39