

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

28759
Do not use this space.

REC'D SEP 20 1939

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120
 (b) Township " Primary Registration District No. 3009 Registered No. 279
 (c) City Cape Girardeau (d) Street No. South East Mo. Hospital 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 Larry Lee Brock

(a) Residence, No. 1113 North Fountain 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) Aug. 11, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs or ... min
0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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) Cape Girardeau (STATE OR COUNTRY) Mo.

FATHER 13. NAME Elbert Brock

14. BIRTHPLACE (CITY OR TOWN) Blyville, (STATE OR COUNTRY) Ark.

MOTHER 15. MAIDEN NAME Ester P. Austin

16. BIRTHPLACE (CITY OR TOWN) Fort Branch (STATE OR COUNTRY) Ind.

17. INFORMANT Elbert Brock (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemt. DATE Aug. 12 1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman (ADDRESS) Cape Girardeau, Mo.

20. FILED 8-11-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 19 39

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1939, to 8/11, 1939
 I last saw him alive on 8/11, 1939 Death is said to have occurred on the date stated above, at 3:45 P.M.

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

premature birth Date of onset

Other contributory causes of importance:

Name of operation Pin Key Date of no
 What test confirmed diagnosis no 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?
 If so, specify _____ (Signed) J. M. Thompson, M. D.
 (Address) Cape Girardeau, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 *L. L. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.