

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.

MAY 13 1940

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

14421
Do not use this space.

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township 1 Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo. (d) Street No. Poplar Bluff Hospital Registered No. 117
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 623 George Brokoetter
 (a) Residence, No. 7 miles S.E. of Poplar Bluff, 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 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. Minnie Brokoetter.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) New Haven
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank Brokoetter
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Minnie Brokoetter
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven, Mo. DATE April 23 1940

19. FUNERAL DIRECTOR (NAME) Frank Und. Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 4/23 1940 Obelutinger
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1940

22. I HEREBY CERTIFY, That I attended deceased from 1938 1938 to April 21 1940
 I last saw him alive on April 21 1940. Death is said to have occurred on the date stated above, at 6:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis with Angina Pectoris
Coronary Arteriosclerosis
 Date of onset 1 year.
4-21-40

Other contributory causes of importance:
14/2

Name of operation..... Date of.....
 What test confirmed diagnosis? Blunt 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? No
 If so, specify No
 (Signed) A. P. Brokoetter M. D.
 (Address) Poplar Bluff, Mo.

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.....

Scott A. Barnett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, Mo

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.