

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35491

State File No. \_\_\_\_\_

5-17-39  
I X21492

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
221 East Farmer  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community over 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Independence  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 221 East Farmer  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Caroline Brockman

3. (b) If veteran, name war None (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Frank Brockman 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased June 23 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 23 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Louisville Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis Thompson  
 18. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ellen  
 15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Berry  
 (b) Address 420 West Nettleton

17. (a) burial (b) Date thereof 10/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Woodlawn, Independence

18. (a) Signature of funeral director Starkins Bros  
 (b) Address 1729 Lydia

19. (a) Oct 21, 1940 (b) J. L. Cook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 17  
1940 to Oct 17 1940  
 that I last saw her alive on Oct 17 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Renal artery  
arteriosclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 6 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 2 days  
1 mo  
 PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
3 While at work  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. L. Cook (M. D. or other) M.D.  
 Address Independence Date signed 10-21-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

