

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Liberty
City Calhoun

Registration District No. 349
Primary Registration District No. 4207

File No. 22950
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.
(If nonresident give city or town and State)

Robbie Minnie Brockway

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>Charles Brockway</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 18 1863</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>-</u>	DAYS <u>10</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Stover
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) South scale
(STATE OR COUNTRY)

14. INFORMANT E. H. Brockway
(Address) Calhoun Mo

15. FILED 7-28 1933 Calhoun Mo
Ms. A. A. Gray REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1933

17. I HEREBY CERTIFY, That I attended deceased from May 1931 to July 27 1933
that I last saw her alive on July 27 1933 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis
9210
596 (duration) 1 yrs. 6 mos. da.
CONTRIBUTORY Rheumatism
(SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. C. P. Nelson, M. D.
, 19 (Address) Calhoun

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun DATE OF BURIAL July 30 1933

20. UNDERTAKER J. A. Hawsey ADDRESS Calhoun 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.

WITH UPDATING INK—THIS IS A PERMANENT RECORD

AUG 2 1933

PARENTS

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