

OCT 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County **ST. CHARLES**
 Township **ST. CHARLES**
 City **RR#2**

Registration District No. **757**Primary Registration District No. **5998**File No. **35143**Registered No. **148**

2. FULL NAME

LEVI BARTON BROCK.(a) Residence, No. **CATEISH ISLAND St.**

(Usual place of abode)

Ward.

(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**Annie B. Brock**

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

March 25 - 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.**64****5****7**

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.

Self

10. Date deceased last worked at this occupation (month and year)

9/1/37

11. Total time (years) spent in this occupation

54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Centralia Mo

13. NAME

George A. Brock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Eliza Jane Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Annie B. Brock

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Chamois Mo** DATE **9-4-1937**

19. UNDERTAKER (ADDRESS)

**Baymar Bros Inc
Overland Mo**

20. FILED

9/4 1937 Clarence A. Heesler

Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-1-37

, 19

22. I HEREBY CERTIFY, THAT I attended deceased from

Held Inquest, 19 **9**, to **9-1-37**, 19

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **6 P** m.

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

Date of onset

Primary ALCOHOLISM**Secondary HEART FAILURE**

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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).....

(Address).....

John Buse
Coroner. St. Charles. Co. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

