

MAY 31 1928

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

Do not use this space

12902

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

A. Shell 318
Registration/District No. 2200
Primary Registration District No. 1022 S. New Ave.

File No. 258
Registered No. 258
St. Ward

2. FULL NAME

(a) Residence. No. 1022 S. New Ave. Ward. 8
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4-1928

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard Brooks

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to 4-4-1928 that I last saw h. alive on 4-3-1928 at 2:30 a.m. and that death occurred, on the date stated above, at 2:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 1901
7. AGE YEARS 26 MONTHS 9 DAYS 18
If LESS than 1 day, hrs. or min.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dementia Parvay
(Etiology)
(duration) 4 yrs. 0 mos. 0 da.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) 77
(duration) 77 yrs. 0 mos. 0 da.

9. BIRTHPLACE (CITY OR TOWN) Okla
(STATE OR COUNTRY)

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

10. NAME OF FATHER C. Bates

18. DID AN OPERATION PRECEDE DEATH Ind DATE OF Ind
WAS THERE AN AUTOPSY Ind

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Okla
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Ind
(Signed) A. Shell, M. D.
4/5, 1928 Address Springfield Mo.

12. MAIDEN NAME OF MOTHER Anna Cooper

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

*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.

14. INFORMANT Leonard Brooks
(Address) 1022 S. New Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Graves
DATE OF BURIAL 4/8

15. FILED H-628 October
REGISTRAR

20. UNDERTAKER W. H. ...
ADDRESS ...

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.

