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

Do not use this space.

31516

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No.
Township — Primary Registration District No. 3037 — Registered No. 188
City So. Kwood Mo. (No. ..... St. ..... Ward)

2. FULL NAME Cassie M Brooks
(a) Residence. No. Brooklyn St. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. — mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Dave Brooks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not Known

7. AGE: About 62 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Maryland

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT Parthenia Morrison
(Address) 942 Cornell Ave Webster Groves

15. FILED 10/10, 1928 C E Barnett MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 13, 1928, that I last saw h. ~~ex~~ alive on Sept 10, 1928, and that death occurred, on the date stated above, at 9:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis - Hypertension
97
102
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C E Barnett M.D
Sept 16, 1928 (Address) 209 S Kwood Kirkwood Mo

*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: St Peters Cemetery — DATE OF BURIAL: 9-17 1928

20. UNDERTAKER: J C Lewis — ADDRESS: Webster Groves 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD NOV 1