

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

Do not use this space.

32540

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 216
St. Ward)

2. FULL NAME Mrs. Rilla Eliza Brooker

(a) Residence. No. 312 E Lee 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF August Brooker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9th 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 | 11 | 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homekeeper
(b) General nature of industry, business, or establishment in which employed (or employers).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Carver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Eliza Olcott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Frank J. Carver
(Address) Nevada Mo.

15. FILED 9/23/28 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 12 to Sept 8 1928 that I last saw alive on Sept 8 1928 and that death occurred on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of sigmoid flexure of colon (Primary)
Hx
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis
(Post operative) (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRIBUTED?
45 (duration) yrs. mos. ds. Sept 4, 1928

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 4, 1928
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. R. King M. P.
9-9-1928 (Address) Nevada Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newton Burial Park DATE OF BURIAL Sept 10th 1928
20. UNDERTAKER Allen & Hays ADDRESS Nevada 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.

