22 1928

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

Do not use this space.

35701

1. PLACE OF DEATH
County: Saline
Township: Blackwell
City: (No. , St. Ward)
Registration District No. 793
Primary Registration District No. 6036
File No.
Registered No.

2. FULL NAME: Mrs Charlotte E Brooks

(a) Residence. No. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1 - 1857

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	2	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Home Keeper
(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): Canada

PARENTS
10. NAME OF FATHER: Edward Wrigley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Elizabeth Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Pa

14. INFORMANT: Mrs Bee Purdy
(Address): St. Louis Mo.

15. FILED: Oct 8, 1928 Gussie Lillard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 30 1928, that I last saw h. alive on Sept 30, 1928, and that death occurred, on the date stated above, at 7-15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Mal nutrition
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Test for Albumen
(Signed) [illegible], M. D
10-4, 1928 (Address) Marshall 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: Los Angeles Calif
DATE OF BURIAL: Oct 9 1928
20. UNDERTAKER: T. W. Campbell
ADDRESS: Marshall

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.

WHICH PLACED WITH SWEATING MALARIA IS A PERMANENT RECORD