

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

Do not use this space.

1621

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kansas City, Mo.

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 212  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mattie Brooks

(a) Residence. No. 3711 Bellaire St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND OF~~  
~~(M)~~ WIFE OF

Jessie Brooks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 46 0 7 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Columbia Mo.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Lonie Hurt

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

12. MAIDEN NAME OF MOTHER Jessie Vil.

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

14. INFORMANT Jessie Brooks  
(Address) 3711 Bellaire

15. FILED 1-16-29 M. M. Crow  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1929

17. I HEREBY CERTIFY That I attended deceased from Nov 1928 to Jan 12, 1929  
that I last saw her alive on Jan 10, 1929 and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Dyspepsia

CONTRIBUTORY (SECONDARY) Dyspepsia & Liver in-  
volvement (duration) yrs. 2 mos. — ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. W. Robertson, M. D.  
Address K. C. U. W.

\*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 Highland Cem. DATE OF BURIAL Jan 16 1929

20. UNDERTAKER Watkins Bros. ADDRESS 1129 Lydia

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.

THIS IS A PERMANENT RECORD

23

1-1-71 Ulbricht  
12<sup>th</sup> B  
Vic 8866. v

G. St. Ulbricht