

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

Do not use this space.

21008

1. PLACE OF DEATH

County Clinton

Registration District No. 204

File No. _____

Township _____

Primary Registration District No. 4124

Registered No. 14

City Lathrop (No. _____)

St. _____ Ward _____

2. FULL NAME

Lewona Lorraine Brookshire

(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. da. / How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 4 hrs. or two min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Coldwell Co.
(STATE OR COUNTRY)

10. NAME OF FATHER James Riley Brookshire

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

12. MAIDEN NAME OF MOTHER Betha Belle Pollard

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

14. INFORMANT J. K. Lott
(Address) Lathrop

15. FILED 4-30-29 J. P. Kinsey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1929

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1929, to June 29th, 1929. That I last saw her alive on June 29th, 1929, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth six and one half months
15?

CONTRIBUTORY (SECONDARY) 161W
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. K. Lott D.O., M. D.

4-30-1929 (Address) Lathrop 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 Lathrop Mo. DATE OF BURIAL 4-30- 1929

20. UNDERTAKER none ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

