

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

Do not use this space.

30749

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2927 Walnut St.)

Registration District No. 3209
Primary Registration District No. 1102

File No. _____
Registered No. 5769
St. _____

2. FULL NAME Mrs. Pauline H Brooks

(a) Residence. No. 2927 Walnut St., 3 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-10-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	41	6	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(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) New York

10. NAME OF FATHER Anthony Walski

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

12. MAIDEN NAME OF MOTHER Mary Kelleher

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

14. INFORMANT Frank A Brooks
(Address) 2927 Walnut

15. FILED 9/6 19 29 M. M. Carroll REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1929 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 22 1929 to Sept 4 1929 that I last saw her alive on Sept 4 1929, and that death occurred, on the date stated above, at Sept 4 7:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental
at home
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 440
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 1-29

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Lab tests
(Signed) [Signature] M. D.

*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.
9/5 1929 (Address) 703 Wardline Bldg

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary Cemetery

DATE OF BURIAL

9/9/29 19 29

20. UNDERTAKER

Quirk & Tobin--20 .. Linwood K6 Mo

WRITE PAINLY, 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.

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Dr Paul
709 Waldheim
75 8952