

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

Do not use this space.

31616

File No. 769
 Registered No. 5923
 St. _____ Ward _____

1. PLACE OF DEATH

County Boek Registration District No. 704
 Township W-Leaney Primary Registration District No. 2923
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Rose Belle Brooks
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 6 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-OR (OR) WIFE OF Jeff. Brooks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2-1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>47</u>	<u>4</u>	<u>11</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boek Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Garrett

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

12. MAIDEN NAME OF MOTHER Letta Hooper

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

14. INFORMANT Jeff Brooks
 (Address) Morrisville Mo.

15. FILED Sept 29 1929 Iron Gravel Dawn
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1929, to Sept. 26, 1929, that I last saw him alive on Sept. 26, 1929, and that death occurred, on the date stated above, at 1 - a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
70 B O I
30 O I (duration) _____ yrs. _____ mos. 16 ds.

CONTRIBUTORY (SECONDARY) Secondary gonococcal arthritis
Effusio (duration) _____ yrs. _____ mos. 16 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical
 (Signed) J. B. Smith, M. D.
 (Address) Walnut Grove 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 Rose Hill Cemetery DATE OF BURIAL Sept. 27 1929

20. UNDERTAKER J. B. Smith Sons ADDRESS Walnut Grove

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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