OCT 31 1930 16939-C

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

Do not use this space. 16939 C

1. PLACE OF DEATH
County Pemiscot — Registration District No. 655 — File No.
Township — Primary Registration District No. 4392 — Registered No.
City Steele (No. ..., ... St. ... Ward)

2. FULL NAME Martha Mozella Brooks
(a) Residence. No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 70 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: W. C. Brooks

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 30 1856

7. AGE: 74 YEARS — MONTHS — DAYS: 16 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House 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): Dyer County Tenn

PARENTS
10. NAME OF FATHER: Jas. Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Thos. J. Brooks
(Address) Steele Mo

15. FILED 5/16 1930 Max P. Kelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 16 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
162 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility (duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF x
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? urine
(Signed) L. E. Cooper, M. D.
5-20-, 1930 (Address) Coster, 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: Mt Zion — DATE OF BURIAL: 5-18 1930

20. UNDERTAKER: German mm of Co — ADDRESS: Steele Mo

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.