

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.

FEB 23 1931

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

A493

1. PLACE OF DEATH
 4 County Anderson Registration District No. 99 File No. _____
 Township Saluz Primary Registration District No. 5736 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Elizabeth Brooks
 (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. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 yr. hrs. or min.
82 11 19 _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Retired
 (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) Ind. 2

PARENTS
 10. NAME OF FATHER Daut Knowl
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Daut Knowl
 12. MAIDEN NAME OF MOTHER Daut Knowl
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Daut Knowl

14. INFORMANT Beet Brooks
 (Address) Sturgeon Mo

15. FILED 2/4 1931 J. E. Gentry
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3-1931
 17. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1931, to 2 - 1 - 1931, that I last saw him alive on 2 - 1 - 1931, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralytic Stroke
87A (duration) about yrs. mos. 23 ds.
 CONTRIBUTOR (SECONDARY) J. W. W. (duration) yrs. 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) W. A. Robinson, M. D.
 , 19 (Address) Sturgeon 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 Knoxville Tenn DATE OF BURIAL 2/6/1931

20. UNDERTAKER Barnes F. E. Co. ADDRESS Sturgeon Mo.

