

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

Do not use this space.

13882

1. PLACE OF DEATH

County Greene
Township Trenton
City Trenton (No.) St. Ward)

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.

2. FULL NAME

(a) Residence, No. 703 Monroe St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Tillman D Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Chas Bickle (ADDRESS) Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE Apr 3 - 1931

19. UNDERTAKER Dixon Funeral Home (ADDRESS) Trenton Mo

20. FILED 6 Apr 1931 E. A. Deuffy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1931

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 31, 1931
I last saw h. u. alive on March 31, 1931. Death is said to have occurred on the date stated above, at 6:10 A.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset Mar. 26

Other contributory causes of importance: None

Name of operation Date of operation None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank E. Shreeb, M. D.
(Address) Trenton Mo.

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.

MAY 23 1931

