

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

Do not use this space.

1322

File No. 1322
Registered No. 360
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Leona V. Brooks

(a) Residence, No. Dover Kansas St. X Ward _____
(Usual place of abode)

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) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th, 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 9 9

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. C. Brooks
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 137
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 9
13. NAME Eugene Thomeratt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
15. MAIDEN NAME No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Clyde C. Brooks (ADDRESS) 4400 Benton Blvd
18. BURIAL, CREMATION, OR REMOVAL PLACE Dover Kas. DATE 2/1/32 19.

19. UNDERTAKER W. E. Mayberry (ADDRESS) City
20. FILED 1/30 1932 M. M. Crowe Registrar.

20. FILED _____ 19____ _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1932, to Jan 30, 1932
I last saw him alive on Jan 25, 1932 Death is said to have occurred on the date stated above, at 8:15 m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
10/1/32
Other contributory causes of importance:
Arteriosclerosis
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19____
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify _____
(Signed) M. M. Crowe, M. D.
(Address) 925 Long St. City

