

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033B
 City Walton Road (No. 2939) St. 7 Ward

File No. 2289
 Registered No. 7

2. FULL NAME Clara Bonney Brooks

(a) Residence, No. 2939 Walton Road Ward.
 (Usual place of abode) St. Louis County, Mo. (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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Brooks</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21st, 1858</u>					
7. AGE		YEARS <u>73</u>	MONTHS <u>5</u>	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	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) <u>Creston, Iowa</u> <u>2</u>					
FATHER	13. NAME <u>George Bonney</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>				
17. INFORMANT (ADDRESS) <u>Charles Brooks</u> <u>2939 Walton Rd., St. Louis Co.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SS. Peter & Paul</u> <u>Jan. 11, 1932</u>					
19. UNDERTAKER (ADDRESS) <u>Wick Bros.</u> <u>2201 S. Grand Blvd.</u>					
20. FILED <u>1/9</u> 19 <u>32</u> <u>John Gray, M. D.</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1931, to Jan 6th, 1932
 I last saw her alive on Jan 6th, 1932 Death is said to have occurred on the date stated above, at 8:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Chronic myocarditis
 Date of onset 12/31

Other contributory causes of importance:

Name of operation None Date of 1932
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) H. W. Seemann, M. D.
 (Address) 3108 Chipman St.

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.

1932
 FEB 25
 196

Mr. [redacted]
3108 [redacted] St.
La. 4757

DEC 6 1944

NOV 20 1944

NOV 29 1944

DEC 8 1944