

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

Do not use this space.

10907

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1002
City St Louis No. 2908 Division St. Louis St. Ward)

File No.
Registered No. 2985

2. FULL NAME

(a) Residence, No. 2908 Division St. Louis 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Parkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 49</u>		
YEARS	MONTHS	DAYS
49		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		11. Total time (years) spent in this occupation <u>3 27</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)		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>
	13. NAME <u>Albert Brooks</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>
	15. MAIDEN NAME <u>Caddy Brown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>Frank Parkins</u> <u>2908</u> <u>St Louis</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Mar 28</u> 19 <u>32</u>
	19. UNDERTAKER (ADDRESS) <u>Ethel M. Taylor</u> <u>3027</u> <u>Carroll Ave</u> <u>St Louis</u>
	20. FILED 19 <u>32</u> <u>May 10</u> <u>St Louis</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to March 25 1932

I last saw her alive on 3/24 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Decompression of aortic aneurysm with rupture of the heart
due to chronic arteriosclerosis

Other contributory causes of importance:
Ulcers

Name of operation..... Date of.....
What test confirmed diagnosis Imp finding Was there an autopsy? Yes

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) J. J. Gooden, M. D.
(Address) 2038 May 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.

Vaucoze