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 25 1934

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

Do not use this space.

12858

1. PLACE OF DEATH

County Jackson — Registration District No. 389

Township ~~Kaw~~ — Primary Registration District No. 1602 — File No.

City Kansas City (No. 2811 Harrison St. Ward) — Registered No. 1605

2. FULL NAME Katherine A. Brooks

(a) Residence, No. 2811 Harrison St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31. 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	7	9	

OCCUPATION

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.

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) Alabama

FATHER

13. NAME H. B. Harper

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

MOTHER

15. MAIDEN NAME Martha Hoddock

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

17. INFORMANT Mrs Lottie Phullips
(ADDRESS) 2811 Harrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE April 11 1934

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Apr 9 1934 M. M. Grove Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 34 19

22. I HEREBY CERTIFY, That I attended deceased from April 8 34 to April 9 1934

I last saw her alive on April 4 1934. Death is said to have occurred on the date stated above, at 1:45P m.

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

Pneumonia — Date of onset Unknown
10 n. (Massive)
Present 4-8-34

Other contributory causes of importance:
Pulmonary Oedema
Cardiac Failure

Name of operation None Date of
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? NO 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? No
If so, specify
(Signed) George C. Black M. D.
(Address) 3224 Troy Kansas City

632 Professional 10 & 4