

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.

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

Do not use this space.

FEB 21 1935

4825

1. PLACE OF DEATH

County Oade  
Township Center  
City Greenfield, Mo.

Registration District No. 287  
Primary Registration District No. 544

File No. 48  
Registered No. 43  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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<br><u>Male</u>                                                                                    | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Ellie Myers Brooking</u>                 |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 - 1854</u>                                            |                                  |                                                                             |
| 7. AGE                                                                                                   | YEARS                            | MONTHS                                                                      |
|                                                                                                          | <u>80</u>                        | <u>7</u>                                                                    |
|                                                                                                          |                                  | DAYS                                                                        |
|                                                                                                          |                                  | <u>15</u>                                                                   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.              |                                  |                                                                             |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired farmer</u> |                                  |                                                                             |
| 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)             |
| 13. NAME <u>Geo. W. Brooking</u>                             |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> |
| 15. MAIDEN NAME                                              |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)             |

|                                                                      |
|----------------------------------------------------------------------|
| 17. INFORMANT (ADDRESS)                                              |
| 18. BURIAL, CREMATION, OR REMOVAL                                    |
| PLACE <u>Greenfield, Mo.</u> DATE <u>Feb. 6</u> 19 <u>35</u>         |
| 19. UNDERTAKER (ADDRESS) <u>J. W. Ward</u><br><u>Greenfield, Mo.</u> |
| 20. FILED <u>2/8</u> 19 <u>35</u> <u>Geo. R. Veir</u><br>Registrar.  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Feb. 5 1935  
I last saw him alive on Feb. 5 1935. Death is said

to have occurred on the date stated above, at 10:45 AM.  
The principal cause of death and related causes of importance were as follows:

Mitral Obstruction

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) T. J. Driscoll, M. D.  
(Address) Greenfield Mo.

