

MAY 27 1935

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

Do not use this space.

12605

File No. 351
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township Bethany Primary Registration District No. 5465
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Catharine Brooks
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-24-1829

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
105 5 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Magwell Co., Virginia

13. NAME John Spence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Ruth Kinder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Newton Burton, Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brooks Cemetery DATE 4-7-1935

19. UNDERTAKER (ADDRESS) S. W. Hayes, Bethany Mo.

20. FILED 5-10 1935 A. J. Harned Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Apr 15, 1935, to Apr 18, 1935I last saw her alive on Apr 15, 1935. Death is saidto have occurred on the date stated above, at 10:00 a.m.

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

Arteriosclerosis162

Other contributory causes of importance:

Name of operation no Date of _____What test confirmed diagnosis? no 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) S. W. Hayes, M. D.(Address) Bethany Mo.

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.

