

SEP 26 1935

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

Do not use this space.

28561

## 1. PLACE OF DEATH

County Wright  
Township Hartsville  
City Hartsville (No. \_\_\_\_\_)

Registration District No. 906  
Primary Registration District No. 6547

File No. \_\_\_\_\_  
Registered No. 31  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rachel Elizabeth 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 19 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) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. L. Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 12

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) Spencerville13. NAME Daniel J. Reasoner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Missouri Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT A. L. Brooks

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jerusalem DATE Aug 7 1935

19. UNDERTAKER Gene E. Halden

(ADDRESS) Hartsville, Mo.

20. FILED Sept 9 1935 Carl J. Ellis Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 193522. I HEREBY CERTIFY, that I attended deceased from Mar 5 1933 to Aug 6 1935

I last saw her alive on Aug 6 1935. Death is said to have occurred on the date stated above, at 12 noon.

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

Chronic Interstitial Nephritis (Date of onset \_\_\_\_\_)

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) \_\_\_\_\_, M. D.

(Address) Hartsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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