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.

OCT 25 1935

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

Do not use this space.

File No. 29898

Registered No. 70

1. PLACE OF DEATH

County: Jefferson — Registration District No. 421

Township: — Primary Registration District No. 4249

City: Festus (No. ..., ..., St. ..., Ward)

2. FULL NAME: Ida Florence Brooks

(a) Residence, No. Festus Mo. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank S. Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct., 17th., 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	53	10	21	

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): Feb., 1935

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Festus Missouri

FATHER

13. NAME: Alfred Henry Porter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Victoria Missouri

MOTHER

15. MAIDEN NAME: Mary Elizibeth Dorsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT: F.S.Brooks
(ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo. DATE 9/11/35, 19

19. UNDERTAKER: Duester and Vinyard
(ADDRESS) Festus Mo.

20. FILED 10/10, 1935 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935, to Sept 8, 1935

I last saw her alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at 2 A. m.

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

	Date of onset
Hypertensive Myocarditis	Unknown
C.C.C.	

Other contributory causes of importance:

Hyperthyroidism	Unknown

Name of operation ... Date ...

What test confirmed diagnosis? Clinical Laboratory 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) [illegible], M. D.

(Address) Crystal City Mo