

DEC 26 1935

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

Do not use this space.

36131  
6756

## 1. PLACE OF DEATH

County Jackson Registration District No. ....  
Township Jay Primary Registration District No. ....  
City J. C. Mo. (No. General Hosp. #2) St. 3rd Ward

File No. ....  
Registered No. ....  
St. 3rd Ward

## 2. FULL NAME

(a) Residence, No. 3409 Denver 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-10-1889</u>				
7. AGE	YEARS <u>46</u>	MONTHS <u>6</u>	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>			
	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) <u>Ark.</u>				
MOTHER FATHER	13. NAME <u>Dane Brooks</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
17. INFORMANT <u>Mitty McDonald</u> (ADDRESS) <u>3409 Denver</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lawn</u> DATE <u>11-16-35</u>				
19. UNDERTAKER <u>H. H. B. Moore</u> (ADDRESS) <u>Kansas City Mo</u>				
20. FILED <u>11-16-35</u> <u>W. M. Brown</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-4 1935 to 11-13 1935  
I last saw him alive on 11-13 1935 Death is said to have occurred on the date stated above, at 2:40 P.M.  
The principal cause of death and related causes of importance were as follows:  
Hypertensive Type  
Heart Disease  
Other contributory causes of importance:  
Chronic Arteriosclerotic  
Nephritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? No  
If so, specify .....  
(Signed) J. O. Brown, M. D.  
(Address) General Hosp. #2

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.

