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.

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Caldwell — Registration District No. 96 — File No. 5258
Township: — Primary Registration District No. 4058 — Registered No. 9
City: Hamilton (No. 2 St. Ward)

2. FULL NAME: Ursula A Brookshire
(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): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Brookshire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 15 1854
7. AGE: YEARS 82 — MONTHS 9 — DAYS 13 — If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

FATHER
13. NAME: Alfred Drake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs C. H Gregory, Hamilton Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Highland Cemetery DATE: Mar 2 1937
19. UNDERTAKER (ADDRESS): G. R. Houghton, Hamilton Mo.
20. FILED: Mar 2 1937 Merle Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 28, 1937
22. I HEREBY CERTIFY, That I attended deceased from 1926 to Feb 28, 1937
I last saw her alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Nov 1936
94a	
Other contributory causes of importance:	
Arteriosclerosis	1926 +

Name of operation — Date of
What test confirmed diagnosis? Phys. Diag. 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? No
If so, specify
(Signed) Herbert R. Booth, M. D.
(Address) Hamilton Mo