

APR 16 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

11500

## 1. PLACE OF DEATH

County CarterTownship JohnsonCity HunterRegistration District No. 145Primary Registration District No. 5208File No. 18Registered No. 32

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred 20 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

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

George F. Brooks

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

Sept. 15-1863

7. AGE

YEARS

73

MONTHS

5

DAYS

27

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)

Minnesota

13. NAME

Hartwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Canada

15. MAIDEN NAME

Not known

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

Canada B.C.

17. INFORMANT (ADDRESS)

George F. Brooks Hunter Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Van BurenDATE 3-15-37, 19

19. UNDERTAKER (ADDRESS)

Wm. Jordan Doniphan

20. FILED

3/141937Alexander Johnson

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

3-12-1937

22. I HEREBY CERTIFY That I attended deceased from

Feb. 18, 1937, to March 12, 1937I last saw him alive on March 12, 1937 Death is saidto 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:

Pulmonary tuberculosis Date of onset 1936

Other contributory causes of importance:

Influenza

Name of operation

Nope

Date of

What test confirmed diagnosis clinical 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) Wm. H. Burton, M. D.(Address) Van Buren, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

U. S. G. I. 11-19-77