

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

Do not use this space.

**JUN 29 1937**

**1. PLACE OF DEATH**

County St. Louis  
Township Jeff  
City Webster Groves

Registration District No. 788  
Primary Registration District No. 4471  
(No. 114 Taylor Ave)

File No. 21294  
Registered No. 66  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Fannie Nelson Brooks

(a) Residence, No. 114 Taylor Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>30</u>	<u>65</u>	<u>2</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

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) Mason Tenn

13. NAME Nelson Taylor

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

15. MAIDEN NAME Kate

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

17. INFORMANT Mildred Hinkley  
(ADDRESS) 114 Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Johns Dickson DATE 5-31-37 19

19. UNDERTAKER J. Lewis  
(ADDRESS) Webster Groves

20. FILED 5-31-1937 Jules R. Moore Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-23 1937 to 5-25 1937

I last saw her alive on 6/28/37 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Paralytic Asphyxia  
with Diabetic Coma

Other contributory causes of importance 59  
High Blood Pressure

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Postmortem

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide None Date of injury None  
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 None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) J. R. Moore M. D.  
(Address) 114 Taylor Ave  
Webster Groves

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.

