

49

JUL 29 1937

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

Do not use this space.

23947

1. PLACE OF DEATH

County JasperRegistration District No. 408Township MarionPrimary Registration District No. 5562City Carthage

(No. _____)

St. _____

Ward) _____

2. FULL NAME Georgia Richard Brooks(a) Residence, No. Route 2

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Brooks6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1869

7. AGE

YEARS 67MONTHS 7DAYS 23

If LESS than 1 day, _____ hrs. or _____ min.

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

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) Unknown Georgia13. NAME Samuel Montgomery14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Georgia15. MAIDEN NAME Elizabeth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Georgia17. INFORMANT (ADDRESS) John H. Brooks Route 2 - Carthage, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE June 18, 193719. UNDERTAKER (ADDRESS) Knee Montgomery Carthage, Mo.20. FILED June 17, 1937 S. B. Clendon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 193722. I HEREBY CERTIFY, That I attended deceased from about Jan 1, 1937 to Jan 1, 1937I last saw her alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at _____ m.

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

arterio sclerosis Date of onset _____hypertension

Other contributory causes of importance:

chronic indigestionnephritisattended by Christian Science HealerName of operation of Kate Date of _____What test confirmed diagnosis? lab Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 124. Was disease or injury in any way related to occupation of deceased? noIf so, specify Lloyd Blinton(Signed) Lloyd Blinton M. D.(Address) Res. Registrar, Carthage, Mo.

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.

Date