

OCT 21 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Bates

Registration District No. 50

Township

Primary Registration District No. 3004

City Butler

(No. Butler Memorial Hospital)

File No. 33590

Registered No. 65

St. _____ Ward _____

2. FULL NAME

Marie A. Brookshire

(a) Residence, No. 710 Wall St. _____ Ward _____

(Usual place of abode) Joplin

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 1/2 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

Dr. Wm. H. Brookshire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24 1880

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>1</u>	<u>10</u>		

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)

Kansas City, Mo.

13. NAME

Thomas Clary

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

New York, N. Y.

15. MAIDEN NAME

David Kuss - Glanney

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

Less Summit, Mo.

17. INFORMANT (ADDRESS)

Dr. Wm. H. Brookshire, Joplin, Mo., 710 Wall St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Joplin, Mo. DATE Oct 8 - 1937

19. UNDERTAKER (ADDRESS)

Lanphear Mortuary, Joplin, Mo.

20. FILED

Oct 5 1937 Anna L. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That, I attended deceased from Oct 5, 1937, to Oct 5, 1937

I last saw h. e. r. alive on Oct 5, 1937. Death is said

to have occurred on the date stated above, at 1:30 P. M.

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

Traumatic Pneumonia

Date of onset

2109

Other contributory causes of importance:

Fractured ribs; pleurisy; crushed chest; shock

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 5, 1937

Where did injury occur? Near Rich Hill, Mo.

Head on collision with _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile Accident

Nature of injury Crushed chest

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Chas. A. Luckhart, M. D.

(Signed) _____ (Address) Butler, Mo.

N. B.—Every item of information should be carefully supplied. NO amount of information is too small. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

