

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray co.Registration District No. 916File No. 38608Township RayPrimary Registration District No. 6236

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Thos Brookshier

(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 m. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

71 7 2

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

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) Cathwell co mo

13. NAME Riley Brookshier

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

15. MAIDEN NAME Eizabeth Maister

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

17. INFORMANT Mrs Ethel Brookshier (ADDRESS) Ray mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cowgill DATE 11-15 1937

19. UNDERTAKER Alsbaugh + Cowley (ADDRESS) Ray mo

20. FILED Nov 15 1937 Naomi Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 193722. I HEREBY CERTIFY, That I attended deceased from August 1937, to Nov 13 1937I last saw him alive on Nov - 10, 1937 Death is said to have occurred on the date stated above, at 6⁰⁰ p.m.

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

Generalized Arteriosclerosis (years) Date of onset years ago
Chronic Myocarditis (arteriosclerosis) years ago

Other contributory causes of importance:

Chronic Interstitial Nephritis years ago

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. E. Guelbergh, M. D.(Address) Ray, Mo.

