

NOV 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Scotland  
Township Thompson  
City (No. ....) St. .... Ward)

Registration District No. D-2  
Primary Registration District No. 6-53

File No. 38922  
Registered No. 1

## 2. FULL NAME

Mrs. Amanda E. Brookhart

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1937, to Oct 11, 1937

I last saw her alive on Oct 10, 1937. Death is said

to have occurred on the date stated above, at 4 A.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Arteriosclerosis

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

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?

If so, specify Arteriosclerosis

(Signed) A. M. Meethler, M. D.

(Address) Memphis, Mo.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25-1866

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

34 71 0 26

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

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) Mo.

13. NAME Lemuel Brookhart

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

15. MAIDEN NAME Mary Flick

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

17. INFORMANT (ADDRESS) Mrs. John Janssen

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak DATE Oct. 12, 1937

19. UNDERTAKER (ADDRESS) Cutter's Used

20. FILED 10/12 1937 W. B. Baker Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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