

REC'D MAY 9 1938

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

Do not use this space.

13643

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4148) Harrison St. _____ Ward _____
 Registered No. 1023

2. FULL NAME Mrs Jennie J. Brooks 620
 (a) Residence, No. 4148 Harrison St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
 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 George Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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 Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Geo Brooks
 (ADDRESS) 4148 Harrison, Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wood Grove DATE Apr 16, 1938

19. UNDERTAKER R. A. Fulton
 (ADDRESS) Richards

20. FILED Apr 17, 1938 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938 to April 13, 1938
 I last saw her alive on April 10, 1938 Death is said to have occurred on the date stated above, at 4:00 am.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 1-28-38
Essential Hypertension

Other contributory causes of importance:
Essential Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis Syphilis Was there an autopsy? no

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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. J. Bailey M. D.
 (Address) 107 Bailey

WHITE PLAIN, 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.

