

REC'D MAY 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14446
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 237
(b) Township Center Primary Registration District No. 4444
(c) City Greenfield, Mo. (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ollie May Brookings 625
(a) Residence, No. Greenfield, Mo. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode. If no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Brookings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as 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) Wayne Co., Ky.

FATHER 13. NAME S. B. Gileiland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski, Ky.

MOTHER 15. MAIDEN NAME Carbotta Temple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co., Ky.

17. INFORMANT Mrs. Hattie E. Allmann
(ADDRESS) 903 So. Weaver - Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield DATE Apr. 24, 1938

19. FUNERAL DIRECTOR Claudia Ward
(ADDRESS) Greenfield, Mo.

20. FILED Apr. 21, 1938 E. L. Weir
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Mar. 13, 1938

I last saw him alive on Apr. 12, 1938. Death is said to have occurred on the date stated above, at 2 P.M.

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

Oct. 9th 1937
Diagnosed Carcinoma of
intestines.

Other contributory causes of importance: 46

Name of operation Exsanguination Date of _____
What test confirmed diagnosis Palpation 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?
If so, specify _____
(Signed) Wm. Bonniwell, M. D.
Greenfield, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Claudia Ward, Licensed Embalmer No. 3026

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Same

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Claudia Ward

Licensed Embalmer No. 3026

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)