

JUL 19 1938

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

Do not use this space.

21609

1. PLACE OF DEATH

County Black  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 190  
Primary Registration District No. 5265

File No. \_\_\_\_\_  
Registered No. 21

2. FULL NAME Emeline 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

3. SEX <u>F. M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin Brookhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20, 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>—</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frank Co. Missouri</u>		
FATHER	13. NAME <u>Charles Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rochester New York</u>	
MOTHER	15. MAIDEN NAME <u>Emeline Birch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fort Ann New York</u>	
17. INFORMANT <u>Benjamin Brookhart</u> (ADDRESS) <u>Williamstown Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ballard Cem.</u> DATE <u>June 27, 1938</u>		
19. UNDERTAKER <u>Fred Kable</u> (ADDRESS) <u>Katibola Mo.</u>		
20. FILED <u>27</u> , 19 <u>38</u> <u>JRS Bridger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY That I attended deceased from June, 1938, to June, 1938.

I last saw h. e. c. alive on June 24, 1938. Death is said

to have occurred on the date stated above, at 8 P.M.

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

diabetic gangrene  
gangrene of foot

Date of onset

Other contributory causes of importance: 59-

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? \_\_\_\_\_ 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) M. C. B. Todd

(Address) Williamstown Mo.

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

