EP 8 1938 REC'D OCT 6 1938

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

Do not use this space.

33266

File No.

Registered No. 1472

1. PLACE OF DEATH
County St. Louis Co.
Township
City Kirkwood Mo. (No. , St. Ward)
Registration District No. 784
Primary Registration District No. 106

2. FULL NAME Mary Brooks
(a) Residence, No. 329 S. Fillmore ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred- yrs. 58 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col.
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) Aug. 13 1871

7. AGE: Years 67 | Months - | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Quincy Ill

FATHER
13. NAME Thomas Granger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Matilda Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT George Brooks
(ADDRESS) 329 S. Fillmore ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE 9-9 1938

19. UNDERTAKER Dolan & Dunlopp
(ADDRESS) 4088 S. Fillmore ave. St. Louis

20. FILED SEP 8 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 1938, to 9/5, 1938.
I last saw ~~her~~ alive on 9/5, 1938. Death is said to have occurred on the date stated above, at 5:40 ~~A.M.~~ p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Bladder	
53	

Other contributory causes of importance: Cancer of Bladder

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) [illegible], M. D.
(Address) Wright Bros. M.D.

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.