

REC'D APR 11 1939

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

10093
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 248
(c) City St. Joseph, Mo. (d) Street No. St. Joseph's Hospital St. 15
(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 6-20 Dorothy Katherine Brooks
(a) Residence, No. 2539 South 13th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Theodore R. Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 4

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

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) Joplin, Mo.

FATHER 13. NAME Derr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Theodore R. Brooks
2539 South 13th

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 3 13 1937

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry-Wylie Funeral
218 South 10th St

20. FILED 3/11 1939 A. Westphal
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1939

22. I HEREBY CERTIFY That I attended deceased from March 7, 1939 to March 10, 1939
I last saw her alive on March 10, 1939 Death is said to have occurred on the date stated above, at 12:25 A.M. m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Bilateral

Date of onset

Other contributory causes of importance: 10/1/39

Name of operation X-Ray Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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? Yes
Home (Signed) M. D.
(Address) 303 North 13th St
St. Joseph, 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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

D. E. Ryan

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3613

P. O. Address St. Joseph, Mo

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.)

If this body is not embalmed, above space should be left blank.