

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.

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

Do not use this space.

MAR 20 1935

4450

1. PLACE OF DEATH

County Buchanan Registration District No. 25
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. 639 No. 8th. St.) St. Ward

File No.
Registered No. 217

2. FULL NAME Harriet Brooks

(a) Residence, No. 639 No. 8th. St. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 1

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

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

10. Date deceased last worked at this occupation (month and year) Dec. 1934 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, Mo.

13. NAME John J. Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

15. MAIDEN NAME Charity Ann Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va.

17. INFORMANT Mrs. Anna O. McCormick
(ADDRESS) L. S. Angels, Cal.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale Cemetery DATE Feb. 20, 1935

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1302 Faron St. St. Joseph, Mo.

20. FILED FEB 20 1935 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/13, 1934, to 2/18, 1935

I last saw her alive on 2/17, 1935. Death is said to have occurred on the date stated above, at 9 a. m.

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

Date of onset

Carcinoma of the breast
Aden.

Other contributory causes of importance: 46

Name of operation Abdominal Date of 4/18/34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Edward F. Brock, M. D.

(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

