

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

Do not use this space.

30801

1. PLACE OF DEATH

County Laclede
Township Franklin
City..... (No..... St..... Ward)

Registration District No. 952
Primary Registration District No. 5617

File No.....
Registered No.....

2. FULL NAME Margie Brookshire

(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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 8 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

PARENTS

10. NAME OF FATHER Joseph Hough

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Suerth Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W Va

14. INFORMANT Henry Brookshire
(Address) Drew Mo

15. FILED Oct 27 Isabelle Lewis
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-8 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1927, to Oct 7, 1927, and that I last saw him alive on Oct 7, 1927, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia 15 1/2 11 1/2
(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY heart general debility
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

Did an operation precede death? no DATE OF.....

Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. S. Anthony, M. D.
, 19 (Address) Oakland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Hough Chapel Cemetery Oct 10 1927

20. UNDERTAKER ADDRESS
Holman & Stewart Lebanon 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.

