

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

Do not use this space.

4503

1. PLACE OF DEATH

County Vernon
Township Washington
City Nevada (No. _____, _____ St. _____ Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 25

2. FULL NAME

Goldie Brooks

(a) Residence, No. State Hospital # 3 St. _____ Ward. _____

(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 F 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 Arnold Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 20, 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	22	11	7	

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) Arkansas

FATHER 13. NAME Richard Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Rosie Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT State Hospital # 3 (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville, Mo. DATE Jan 29, 1933

19. UNDERTAKER Armine Culver (ADDRESS) Cassville, Mo.

20. FILED 2-3, 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1932, to Jan 28, 1933. I last saw her alive on Jan 28, 1933. Death is said to have occurred on the date stated above, at 2:10 p.m.

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

108
69 Lobar Pneumonia
108
Other contributory causes of importance: Manic-Depressive Psychosis

Date of onset 1/19/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Chromic 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? _____ 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? No
If so, specify _____ (Signed) H. S. King, M. D.
(Address) State Hospital # 3

N. B.—Every item of information should be carefully supplied. Accuracy is essential. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1933

Smith
L 248 W 200