WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 26 1933

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

Do not use this space.

26231

1. PLACE OF DEATH
County Harrison — Registration District No. 337 — File No.
Township — Primary Registration District No. 4200 — Registered No. 14
City Eagleville Mo (No. , St. Ward)

2. FULL NAME Nancy Ann Brooks

(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 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 James W. Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1857

7. AGE YEARS 75 MONTHS 10 DAYS 11 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) July 23, 1933
11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagleville Mo

FATHER
13. NAME Wm. Teeper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa

17. INFORMANT (ADDRESS) J.W. Brooks Eagleville Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Eagleville DATE 8/25 1933

19. UNDERTAKER (ADDRESS) Ragan & Son Ridgeway Mo

20. FILED 8/24 1933 Lois Dunn Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-24 1933 to 8-23 1933
I last saw her alive on 8/23 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 3 yrs
93C
16?
93C

Other contributory causes of importance: Senility

Name of operation no Date of
What test confirmed diagnosis? Neg 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) J. W. Brooks, M. D.
(Address) Eagleville Mo