

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

Do not use this space.

24116

1. PLACE OF DEATH *Greene*

County

Registration District No. *318*

Township

Primary Registration District No. *200*

City

Springfield

No. *2850*

Howard

St.

Ward

2. FULL NAME

Emily Brooks

(a) Residence, No. *2850 Howard*

St. *Howard* Ward.

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.

(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

Carson Brooks

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

May 10 - 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

75

2

7

OCCUPATION

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

House Wife

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

In home

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)

Ky

13. NAME

Jack Choat

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

Ky

15. MAIDEN NAME

Iva Hamilton

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

Ky

17. INFORMANT (ADDRESS)

*Carson Brooks
Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wesley Chapel

DATE

July 14, 1934

19. UNDERTAKER (ADDRESS)

Springfield, Mo.

20. FILED

7-18, 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 17, 1934

22. I HEREBY CERTIFY That I attended deceased from

July 1933 to *July 17, 1934*

last seen alive on *July 16, 1934*. Death is said

to have occurred on the date stated above, at *11 A. m.*

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

*Chronic Nephritis
Chronic Myocarditis*

Date of onset

July 1933

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? *Chlorine* 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

O. G. Horst

(Signed)

M. D.

(Address) *430 South 5 Springfield Mo*

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.

AUG 8 1934

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