

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

Do not use this space.

24732

1. PLACE OF DEATH

County Jackson Registration District No. 703
 Township Primary Registration District No.
 City Wasson City (No. St. Joseph Hospital) St. Ward

File No.
 Registered No. 022200
 St. Ward

2. FULL NAME Mrs. Ida Brookshire

(a) Residence, No. 222 East 31st Street St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u> </u>		4. COLOR OR RACE <u> </u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ida M. Brookshire</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15th, 1885</u>					
7. AGE YEARS <u>49</u>		MONTHS <u>4</u>		DAYS <u>1</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>					
10. Date deceased last worked at this occupation (month and year) <u> </u>			11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Cal.</u>					
13. NAME <u>No Data</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>					
15. MAIDEN NAME <u>No Data</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>					
17. INFORMANT <u>Mrs. Ida M. Brookshire</u> (ADDRESS) <u>222 E. 31st Street</u>					
18. GENERAL CREMATION, OR REMOVAL PLACE <u>Chambers Crem</u> DATE <u>7/24/34</u> , 19 <u>34</u>					
19. UNDERTAKER <u>W. M. Brown</u> (ADDRESS) <u>7-23 34th N. M. Brown</u>					
20. FILED <u> </u> , 19 <u>34</u> <u>W. M. Brown</u> Registrar.					

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22, 1934

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner 1934
 I last saw him alive on , 1934. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Heat Prostration Date of onset
Pulmonary Congestion
and Pneumonia
 Other contributory causes of importance:

 Name of operation Date of
 What test confirmed diagnosis? 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 , 1934
 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?
 If so, specify
 (Signed) W. M. Brown M. D.
 (Address)

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 11 1934

