

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Macon

Registration District No. 533

File No. 7167

Township Macon

Primary Registration District No. 3027

Registered No. 24

City Macon (No. _____) St. _____ Ward _____

2. FULL NAME Maggie M. Brook

(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 Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James A. Brook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 - 1860

7. AGE

YEARS 76

MONTHS 4

DAYS 16

IF LESS than 1 day, _____ hrs. or _____ min.

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

Retired 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) Memphis Mo.

13. NAME James Busley

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

15. MAIDEN NAME Mary Jane Spurgeon

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

17. INFORMANT (ADDRESS) Willie L. Brook Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn Cem. DATE 2-9-37

19. UNDERTAKER (ADDRESS) Stephens & Gooding Macon Mo.

20. FILED 3/5 1937 Beola Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 37 to Feb. 6 37

I last saw her alive on Feb. 6 37. Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Chronic Myocarditis Date of onset 1937
C. A. Failure - 1937

Other contributory causes of importance: Generalized Arterio-sclerosis 1925
Cerebral Arterio-sclerosis 1927

Name of operation none Date of _____

What test confirmed diagnosis? clinical Where an autopsy? _____

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. J. Turner M. D. (Address) Macon, 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.

