AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township
City Missouri
Registration District No. 791
Primary Registration District No. 1003
(No. 3042 Marcus ave St. Ward)
File No. 25604
Registered No. 6778

2. FULL NAME Mary E Brooks
(a) Residence, No. 3042 Marcus ave St., 10 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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Aurelius Brooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II-20 I860
7. AGE YEARS 76 MONTHS 7 DAYS 24 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo,

FATHER
13. NAME Hiram Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna,

MOTHER
15. MAIDEN NAME Janet Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

17. INFORMANT (ADDRESS) Miss May Brooks 3042 Ma rcus ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE 7-I4 1937
19. UNDERTAKER (ADDRESS) Sullivan 2849 N Euclid
20. FILED JUL 15 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-37 19

22. I HEREBY CERTIFY, That I attended deceased from July 10 1937 to July 14 1937
I last saw her alive on July 13 1937. Death is said to have occurred on the date stated above, at 11:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration (Heat Stroke)	7/8/37

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Other contributory causes of importance:
Senility
Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N O Thompson, M. D.
(Address) 3108 Leads ave

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.

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