Brookerson

NOV 16 1937

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

Do not use this space.

File No. 37265

Registered No. 262

1. PLACE OF DEATH

County: Butler — Registration District No. 89

Township: — Primary Registration District No. 3007

City: Poplar Bluff (No. 319, Homer St. St. Ward)

2. FULL NAME Grace Kou Tickell

(a) Residence, No. 319 Homer St. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	6	26	

OCCUPATION

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

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) Poplar Bluff (STATE OR COUNTRY) Missouri

FATHER

13. NAME Lloyd Tickell

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

MOTHER

15. MAIDEN NAME Bertha Miller

16. BIRTHPLACE (CITY OR TOWN) Neelyville, (STATE OR COUNTRY) Missouri

17. INFORMANT Lloyd Tickell (ADDRESS) 319 Homer St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery
PLACE Poplar Bluff, Mo. DATE Oct. 31 1937

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 10/31 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-29-, 1937, to 10-30, 1937

I last saw her alive on 10-29-37 Death is said to have occurred on the date stated above, at 6:45 P.M.

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

	Date of onset
Bilateral Bronchopneumonia	10-27-37
Pertussis	

Other contributory causes of importance:

Name of operation ~~[illegible]~~ Date of

What test confirmed diagnosis? Clinical 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) A. H. Brookerson, M. D.

(Address) Poplar Bluff, Mo.