DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 20 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36972

Registration District No. 183 Primary Registration District No. 1438 Registrar's No.

1. PLACE OF DEATH:

(a) County: Randolph Co 2

(b) City or town: Huntsville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: Mo (b) County: Randolph

(c) City or town: Huntsville
(If outside city or town limits, write "RURAL")

(d) Street No.: Depot St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: ANNIE BELLE BROOKING 6

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Josiah Brooking

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Oct (Month) 11 (Day) 1857 (Year)

8. AGE: Years 81 Months 10 Days 9 If less than one day hr. min.

9. Birthplace: Randolph Co (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Theophilus T. Yowell
13. Birthplace: Virginia (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Sarah Frances Kemper
15. Birthplace: Missouri (City, town, or country) (State or foreign country)

16. (a) Informant's own signature: Lulu B. Sundison

(b) Address: Huntsville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 22, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Huntsville Mo

18. (a) Signature of funeral director: Tom B. Patton

(b) Address: Huntsville Mo

19. (a) Nov-4-1939 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1939 hour 3:00 minute a. M.

21. I hereby certify that I attended the deceased from June 8, 1938, to Oct 20, 1939; that I last saw her alive on Oct. 20, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	3 hours
Chronic myocarditis	D.K.
Due to: Arterio-sclerosis and Hypertension	
Due to:	
Other conditions: Senility	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Philip V. Dreyer (M. D. or other)

Address: Huntsville Mo Date signed 10/24/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19351

RECEIVED
District Health Officer No. 10
District File Number 11-39-1966
Date Filed NOV 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.