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.

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

Do not use this space.

28285

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1003 Registered No. 8136

City St. Louis (No. Mo. Baptist Hosp. St. .... Ward)

2. FULL NAME Helen Brookman

(a) Residence. No. .... St., 12 Ward. Flat River Mo. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 23 1912

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
18	1	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Jeff. Umfleet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER: Francis Clouse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) Mo.

14. INFORMANT: Hearld Brookman
(Address) Flat River Mo.

15. FILED AUG 1 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1930 to Aug 13, 1930, that I last saw her alive on Aug 13th, 1930, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute parenchymatous nephritis;

(duration) .... yrs. .... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Emesis gravidarum 2 months preg

(duration) .... yrs. 2 mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH ——

DID AN OPERATION PRECEDE DEATH? No DATE OF ——

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) John D Haynes, M. D.

, 19 .... (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Flat River Mo.

DATE OF BURIAL: Aug. 16 1930

20. UNDERTAKER: Caldwell Bros.

ADDRESS: Flat River Mo.