

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

Do not use this space.

18402

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas

Registration District No. 399
Primary Registration District No. 1002
(No. 3438 Cleveland)

File No. 2505
Registered No. 14
St. 14 Ward

2. FULL NAME

Charles Herbert Brooke
(a) Residence. No. 3438 Cleveland St. 14 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Miriam E. Brooke</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 9th 1851</u>		
7. AGE <u>76</u>	YEARS <u>0</u>	MONTHS <u>11</u>
		DAY <u>11</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Richmond Virginia

PARENTS

10. NAME OF FATHER

Robert Brooke

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

Richmond Virginia

12. MAIDEN NAME OF MOTHER

Mrs Vaden

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

Virginia

14.

INFORMANT Richard T. Brooke
(Address) 3438 Cleveland

15.

FILED 6/21 27 M. M. Cronin
REGISTRAR West

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20th 1927
17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927 to June 20, 1927 (that I last saw him alive on June 18, 1927, and that death occurred, on the date stated above, at 9:30 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

25
10 1/2
Influenza Peritonitis
(duration) 6 yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY)

Broncho Pneumonia
(duration) 3 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

3
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry H. Jones, M. D.

6/21, 1927 (Address) 607 Maple St. C Mo.

*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

DATE OF BURIAL

Mt. Moriah Cemetery 6-23 1927

20. UNDERTAKER

ADDRESS

The Freeman Mortuary
3146 Main St.

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.

