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

Do not use this space.

15308
15577

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 15308

Township ..... Primary Registration District No. 1003 ..... Registered No. 4527

City St Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME James Brooks

(a) Residence. No. 3533 Laclede St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years abt. 42; Months ?; Days ?; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor
(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): Ala

PARENTS

10. NAME OF FATHER: Monroe Brooks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ala
12. MAIDEN NAME OF MOTHER: Elizabeth Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ala

14. INFORMANT: Anna F. Woodard
(Address) City Hospital #2

15. FILED 26 1928, 19 ..... Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/30, 1928, to 4/2, 1928, that I last saw him alive on 4/2, 1928, and that death occurred, on the date stated above, at 7:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis 22A

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

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. Howell, M.D.

19 (Address) City Hosp. #2

*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: St Louis Univ. DATE OF BURIAL: 4/3 1928

20. UNDERTAKER: W. Richter ADDRESS: 3500 Pulaski

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.

...IS A PERMANENT RECORD