25 1928

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

Do not use this space.

21000

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Sheffield — Primary Registration District No. 2002 — Registered No. 259
City Joplin (No. St. John St. Ward)

2. FULL NAME Lloyd Glenn Brooks
(a) Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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) June 7 - 1912

7. AGE: 15 YEARS, 11 MONTHS, 28 DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Boy
(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): Kans

PARENTS
10. NAME OF FATHER: Ora. Brooks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Rachel Needham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Ora Brooks
(Address): Oswego Kans

15. FILED 6/5, 1928 Dr A Benson Clark, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/2, 1928, to 6/4, 1928, that I last saw him alive on 6/4, 1928, and that death occurred, on the date stated above, at 10.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral meningitis 97B
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY): Frontal sinusitis (left)
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Oswego, Kans.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/2/28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Spinal fluid exam.
(Signed) [illegible], M.D.
, 19 (Address) Joplin, 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: Oswego Cem — DATE OF BURIAL: 6/6 1928

20. UNDERTAKER: J S McAuley — ADDRESS: Palmerton Ks

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD