

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

Do not use this space.

23437

1. PLACE OF DEATH

County Monroe
Township
City Halscomb

Registration District No. 284
Primary Registration District No. 5404

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John W. 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Napper Brooks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 5 10

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

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

10. NAME OF FATHER Dout Know

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

12. MAIDEN NAME OF MOTHER Dout Know

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

14. INFORMANT R. O. Brooks (Address) Halscomb, Mo.

15. FILED 8-9-28 J. A. Anderson REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/3 1928, to 7-4 1928, that I last saw him alive on 7-4 1928, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. B. of intubation
25 (duration) yrs. 18 mos. ds.
CONTRIBUTORY (SECONDARY) with
(duration) yrs. mos. ds.

18. WHETHER DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

0 DID SURGERY PRECEDE DEATH. no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Eye Spectrum
(Signed) M. Ottavio M. D.

715, 1928 (Address) Halscomb

*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 Stanfield DATE OF BURIAL July 6 1928

20. UNDERTAKER Baldwin Jones Co ADDRESS Kennett Mo.

X. 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.

