

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

Do not use this space.

33411

1. PLACE OF DEATH

County MONROE d. Id.
Township Gottonsville
City MALDEN (No. 4173)

Registration District No. 289
Primary Registration District No. 1023

File No. 8
Registered No. 824
St. _____ Ward _____

2. FULL NAME

(a) Residence. Id. Gideon Mo 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 Male 4. COLOR OR RACE white 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) March 20-1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	3	6	26	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Gideon, MO.
(STATE OR COUNTRY)

10. NAME OF FATHER Fred. H. Brooks.

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

12. MAIDEN NAME OF MOTHER Maggie McGinnis

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

14. INFORMANT Fred. H. Brooks
(Address) Gideon Mo

15. FILED _____ 19 _____ REGISTRAR _____

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16th 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1929 to Oct 10th 1929 that I last saw h. or alive on Oct 14th 1929, and that death occurred, on the date stated above, at 8:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Athrepsia (Anhydremia)
Mesenteric Intestine Infection
120 B
89 B (duration) yrs. mos. 14 ds.

CONTRIBUTORY Acute Sles Colitis
(SECONDARY) (duration) yrs. mos. ds.

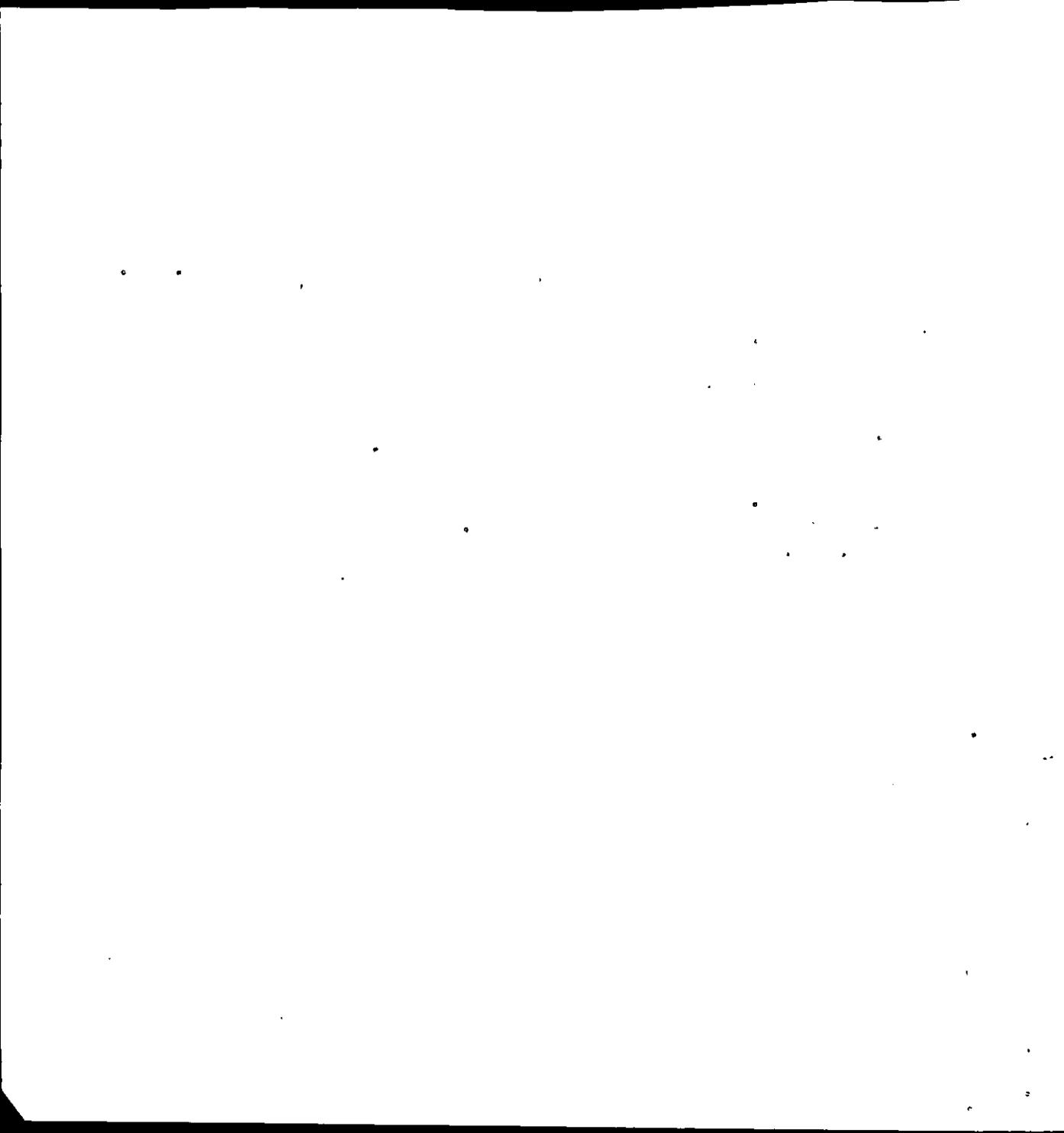
18. WHERE WAS DISEASE CONTRACTED Gideon Mo
IF NOT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) John D. Van Cluse M. D.
, 19 (Address) Malden 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 Malden Cem. DATE OF BURIAL 10-17 1929.

20. UNDERTAKER R. B. Meentemeyer. ADDRESS Gideon, MO.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Stumpkin
Township
City Malden (No.)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No. 824-68
St. Ward)

2. FULL NAME

Joseph Lee 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 S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 6 26

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(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) Gideon mo

10. NAME OF FATHER Fred H. Brooks

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

12. MAIDEN NAME OF MOTHER Maggie McGinnis

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

14. INFORMANT Fred H. Brooks (Address) Gideon mo

15. FILED 12/7 1929 S. C. Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 10 1929 to Oct 16 1929 that I last saw her alive on Oct 14 1929, and that death occurred, on the date stated above, at 8:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Athetosis (Anhydremia),
maserid enteric infection

CONTRIBUTORY (SECONDARY) Acute Fle. Colitis (duration) yrs. mos. 14 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings (Signed) John D. Danclève, M. D.

(Address) Malden 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 Malden Cem. DATE OF BURIAL Oct 17 1929

20. UNDERTAKER R. B. Meentemeyer ADDRESS Gideon mo

REGISTRARS SHALL NOT RECEIVE THESE CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

ONKLIN

11528-5