

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

Do not use this space.

MAR 26 1937

1. PLACE OF DEATH
 County Missouri Registration District No. 653
 Township Hayti Primary Registration District No. 4390
 City Hayti (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Donald Blaine 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.

File No. 2338
 Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-3-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27

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) Hayti Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER R. Ch. Brooks

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

12. MAIDEN NAME OF MOTHER Clara Chalkley

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

14. INFORMANT R. Ch. Brooks
 (Address) Hayti Mo

15. FILED 1-30-1937 J. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-30-31

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Jan 30, 1931, that I last saw him alive on Jan 30, and that death occurred, on the date stated above, at 161A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Atchekasis
157
161A (duration) yrs. mos. 23 ds.
 CONTRIBUTORY Premature Birth
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Examiner
 (Signed) William F. ... M. D.

*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 Hayti Mo. DATE OF BURIAL 1-31-1931

20. UNDERTAKER Friends ADDRESS Hayti Mo

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.

RECORDS DEPARTMENT MISSOURI STATE BOARD OF HEALTH

