WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 23 1931

Sayers

Do not use this space.

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

13793

1. PLACE OF DEATH
39 County Greene — Registration District No. 318
3 Township — Primary Registration District No. 2001
5 City Springfield (No. 427 E. Madison St. Ward)

File No.
Registered No. 266

2. FULL NAME William R. Brooks

(a) Residence, No. 427 E. Madison 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1883

7. AGE YEARS 47 MONTHS 7 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME W. R. Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.

MOTHER
15. MAIDEN NAME Mattie Aldridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Inez Brooks Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive Cemetery DATE April 5 1931

19. UNDERTAKER (ADDRESS) G. W. Klingner & Co Springfield, Mo.

20. FILED 4-3 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1931, to Apr 2 1931

I last saw him alive on Apr. 2 1931 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Lungs Kidney	Same
Bone of left foot	4 years

Other contributory causes of importance:

Name of operation Amputation Date of 2-27-31

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Sayers, M. D.
(Address) 623 Woodruff

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