

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

Do not use this space.

010417

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. *2134 Eugene*)

Registration District No. *291*  
Primary Registration District No. *1003*

File No.....  
Registered No. *2460*  
St..... Ward.....

**2. FULL NAME**

*Warren (Brook) Brook*  
(a) Residence. No. *2134 Eugene* St. *22* Ward.

(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 *Col.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 27 1880*

7. AGE *57* YEARS MONTHS *2* DAYS *12* If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED *Common labor*  
(a) Trade, profession, or particular kind of work *Higgett & Myers 48*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN), *Helena Ark.* (STATE OR COUNTRY) *city.*

10. NAME OF FATHER *Lyle Brook*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Helena Ark* (STATE OR COUNTRY) *city*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Helena Ark* (STATE OR COUNTRY) *city*

14. INFORMANT *Lillie Brook* (Address) *2134 Eugene*

15. FILED *MAR 15 1932* *W. C. Stewart* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3-9* 19 *32*

17. I HEREBY CERTIFY, That I attended deceased from *April 23rd 1932* to *March 9th 1932* that I last saw him alive on *March 9th 1932* and that death occurred, on the date stated above, at *9 P.M.* m.

THE CAUSE OF DEATH WAS AS FOLLOWS: *Spinal Myelitis*

CONTRIBUTORY (SECONDARY) *Nervitis* (duration) *2* yrs. *4* mos. *ds.*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. *2134 Eugene*

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS? *Chloroform*  
(Signed) *W. Stewart* M. D. (Address) *4366 N. Bell*

\*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 *Washington Park* DATE OF BURIAL *March 15 1932*

20. UNDERTAKER *J. J. James* ADDRESS *Shurdown*

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.

