

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

Do not use this space.

10759

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City, St. Louis (No. City Hospital # 2)

File No.....
Registered No. 2832
St. Ward)

2. FULL NAME

James Brooks
(a) Residence, No. 2003 - 6 Westnut St., 21 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>abt</u>	<u>40</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Suburban</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Common</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	<u>11 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Miss

MOTHER 13. NAME Susie Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abiding Miss

15. MAIDEN NAME Rodie Strong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abiding Miss

17. INFORMANT Virginia Brooks
(ADDRESS) 2003 - Westnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE March 24, 1932

19. UNDERTAKER W. H. ...
(ADDRESS) ...

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at.....

The principal cause of death and related causes of importance were as follows:
Hypertensive disease
First & second degree burns received in a kitchen
water on his feet at residence.

Other contributory causes of importance: Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/5, 1932

Where did injury occur? Home, No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury up on top of hot stove
Nature of injury Burns 1st & 2nd degree

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) John P. ... M. D.
(Address) ...

3/21/32

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.

