

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.

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

Do not use this space.

20494

File No. 355
Registered No. _____
St. _____ Ward _____

Do not
cross

1. PLACE OF DEATH

County New Madrid
Township _____
City Marion (No. _____)

Registration District No. 604
Primary Registration District No. 5802

2. FULL NAME

(a) Residence, No. Marion, Mo St. _____ Ward _____
(Usual place of abode)

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

Female

4. COLOR OR RACE

Negro

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)

June 5-1933

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) Marion Mo

13. NAME Charley Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Parish La

15. MAIDEN NAME Ema A. Hillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tilson Ark.

17. INFORMANT (ADDRESS) Chas. Brooks Marion, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Cem. DATE 6/5 1933

19. UNDERTAKER (ADDRESS) Charles F. Smith & Sons Co. Charleston Mo.

20. FILED 7/11 1933 W. N. O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to June 5, 1933

I last saw him alive on June 3, 1933. Death is said to have occurred on the date stated above, at 4:25 p.m.

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

Cerebral

Date of onset June 3

119B 119A

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? Yes

If so, specify (Signed) Charles F. Smith, M. D.

(Address) _____

APR 26 1933

MOTHER FATHER

1991 0 2000