

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

Do not use this space.

26198

1. PLACE OF DEATH

39 County Greene Registration District No. 325 File No. _____
 4 Township Cross Primary Registration District No. 545 D Registered No. _____
 City Walnut Grove No. _____ St. _____ Ward _____

2. FULL NAME

David Squire Brooks
 (a) Residence, No. B.F. 2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/5/1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Christian Co. Mo

13. NAME William Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianna

15. MAIDEN NAME Caroline Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Bertha Johnson (ADDRESS) Walnut Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Johns Chapel DATE 8/6/1933

19. UNDERTAKER Trueman Morrison (ADDRESS) Ash Grove Mo

20. FILED sep 10 1933 Lemlelee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to aug 5, 1933
 I last saw him alive on July 27th, 1933. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:

fracture of Hip Date of onset _____
1860
1840
960 / 1860
 Other contributory causes of importance: cardiac decompensation 5
General weakness.

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc 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. home

Manner of injury Fell over a rug
 Nature of injury fract Hip

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Charles H. McHaffie, M. D.
 (Address) Ash Grove 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.

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