

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

Do not use this space.

33415

1. PLACE OF DEATH

49 County Lasper Registration District No. 408
Township C. Jackson Primary Registration District No. 5563
City (No.) St. Ward)

File No. _____
Registered No. _____

2. FULL NAME

Charles Elmer Brooks
(a) Residence, No. Carthage R-5 St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26th 1880</u>		
7. AGE <u>53</u>	YEARS <u>8</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		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) <u>Stotts City Mo.</u>		
13. NAME <u>Martin Brooks</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Martha Snow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>Mrs. C. E. Brooks wife</u> (ADDRESS) <u>Carthage R-5</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wash. Cemetery</u> DATE <u>10/14</u> 19 <u>33</u>		
19. UNDERTAKER <u>Oliver Drake</u> (ADDRESS) <u>Carthage Mo.</u>		
20. FILED <u>Oct 14</u> 19 <u>33</u> <u>S. B. Clinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Oct 12 1933
I last saw him alive on Oct 1 1933 Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:
Primary Carcinoma - Caecum Date of onset

Other contributory causes of importance:

Name of operation Exploratory Lap Date of Dec 9 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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 Royal B. Clinton M. D.
(Signed) _____ (Address) Carthage - Mo.

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.

NOV 10 1933

