

MAY 25 1934

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

Do not use this space.

15314

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1120 File No. _____
Township Carmel Primary Registration District No. 6248d Registered No. 101
City Jefferson Barracks, Mo. Veterans Administration Facility, St. _____ Ward)

2. FULL NAME Lon BROOKS

(a) Residence, No. 1512 Colas Ave., E. St. Louis, Ills. 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 COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Anna May Brooks (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 2 21

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

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

10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unavailable

12. BIRTHPLACE (CITY OR TOWN) Bolivar (STATE OR COUNTRY) Tennessee

13. NAME Unavailable

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

15. MAIDEN NAME Unavailable

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

17. INFORMANT E. T. Silvester, Jr., Act. Clin. Dir., Vets. Adm. Fac.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE 4-7-34

19. UNDERTAKER (ADDRESS) 214 N. 1st St., St. Louis, Mo.

20. FILED 4/10 1934 B. R. Plate, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17 1934 to April 4 1934

I last saw him alive on April 4 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Tuberculosis, Pulmonary, Chronic, Active, Far Advanced Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None Date of operation _____
Clinical Laboratory X-Ray findings _____
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? _____ 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 _____

(Signed) W. C. JOHNSON, M.D., Major, U.S.A.
(Address) Vets. Adm. Fac., Jefferson Barracks, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Proven
8594

1913

Mr. Clark