

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

Do not use this space.

1. PLACE OF DEATH:

County Hallaway
Township Calwell
City..... (No. St. Ward)

Registration District No. 109
Primary Registration District No. 5159

File No. 15963
Registered No. 585

2. FULL NAME John B. Brooks

(a) Residence, No. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 75

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) Mar 14 28 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Harry Brooks

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

15. MAIDEN NAME Mt Vernon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon

17. INFORMANT Patsy Gow (ADDRESS) New Bloomfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Becky DATE June 2 34

19. UNDERTAKER Ray Holt (ADDRESS) New Bloomfield

20. FILED June 10 1934 E. McRush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6 1934 to May 31 1934
I last saw him alive on May 6 1934. Death is said to have occurred on the date stated above, at 9 P.M.

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

Chronic Entertained Abscess
131

Other contributory causes of importance: 131

Name of operation Date of
What test confirmed diagnosis? Exp 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? Yes
If so, specify
(Signed) E. McRush, M. D.
(Address) New Bloomfield 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.

JUN 20 1934

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