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.

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

Do not use this space.

21395

JUL 17 1934

78

1. PLACE OF DEATH
County: Pemiscot
Township: Hayti
City: (No. St. Ward)

Registration District No.: 653
Primary Registration District No.: 8864

File No.: 17
Registered No.: 17

2. FULL NAME: Raymond Brooks

(a) Residence. No. 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): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-24-1933

7. AGE: Years: 1 Months: 10 Days: 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Hubert Brooks
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ✓
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Lillian Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ga.
(STATE OR COUNTRY)

14. INFORMANT: J. C. Smith
(Address): Hayti Mo R#1

15. FILED 6-17, 1934 J. H. Rhodes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-17 1934

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to June 15, 1934 that I last saw him alive on June 15, 19..., and that death occurred, on the date stated above, at 1-30 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enterocolitis
1198
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Yes
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) W. T. Lambaugh, M. D.
6/17, 1934 (Address) Hayti, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Madrid
DATE OF BURIAL: 6-17 1934

20. UNDERTAKER: J. A. Smith
ADDRESS: Caruthersville Mo