SEP 25 1934

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

Do not use this space.

31526

1. PLACE OF DEATH

County ST. LOUIS — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248 00 — Registered No. 311

City Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. Ward)

2. FULL NAME Robert O. BROOKS.

(a) Residence, No. Holcomb, Mo. St., Ward. Holcomb, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 20, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, - hrs. or - min.
	38	8	3	

OCCUPATION

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. Worked for Claude Meadows

10. Date deceased last worked at this occupation (month and year) July, 1934

11. Total time (years) spent in this occupation All life

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

FATHER

13. NAME John Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashley Illinois

MOTHER

15. MAIDEN NAME Alice Cunningham

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

17. INFORMANT (ADDRESS) C.H.SMITH, M.D., Clinical Director, Vets.Adm.Fac., Jeff.Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holcomb, Mo. DATE August 24, 1934

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & Livery Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED 8-24- 1934 B. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1934, to August 23, 1934

I last saw him alive on August 23, 1934. Death is said to have occurred on the date stated above, at 6:20 P.M.

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

	Date of onset
Nephritis, chronic, complicated with Uremia -	Unkn.
131	
92 A	
132 B	

131

Other contributory causes of importance:

Valvular Heart Disease, Mitral insufficiency-	Unkn.
Hypertension, severe	

Name of operation None Date of - -

What test confirmed diagnosis? Physical exam., Clinical manifestations, X-Ray & Laboratory findings 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.GIBSON, M.D., Manager, M. D.

(Address) Vets.Adm.Fac., Jeff.Bks., 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.