

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.

AUG 13 1935

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

Do not use this space.

25750

## 1. PLACE OF DEATH

County Callaway Registration District No. 104  
Township ..... Primary Registration District No. 3008  
City Fulton No. .... St. .... Ward) (If nonresident, give city or town and State)

## 2. FULL NAME

James Oliver Brooks  
(a) Residence, (No. Remick Mo ..... St. .... Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7-1906

7. AGE YEARS 28 MONTHS 8 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
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) Oct. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

MOTHER FATHER 13. NAME John H. Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Mo.

15. MAIDEN NAME Mary A. Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Remick Mo.

17. INFORMANT Hoop Records (ADDRESS) Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Inst Bd DATE 8-1 1935

19. UNDERTAKER J. O. Roberts (ADDRESS) Columbus Mo.

20. FILED Aug 1 1935 H. T. Owsen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27 1935 to July 31 1935.  
I last saw h. m. alive on July 30 1935. Death is said to have occurred on the date stated above, at 8:50 P. m.

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

Bronchopneumonia  
Paralysis agitans

Date of onset  
7/24/35

Other contributory causes of importance:

Name of operation ..... Date of .....

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? No

If so, specify .....

(Signed) E. E. Landis , M. D.

(Address) Fulton Mo.

