

SEP 10 1935

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

Do not use this space.

25779

1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

120-

Township

Cape Girardeau

Primary Registration District No.

3009

City

St. Louis (No. of St. Louis Hospital)

File No.

Registered No.

210

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

J. W. Brooks

St.

Ward.

Pudgley, Tenn

(If non-resident, 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)

widowed

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

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

1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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)

11. Total time (years) spent in this occupation

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

Tenn

13. NAME

Dont know

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

" "

15. MAIDEN NAME

" "

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

" "

17. INFORMANT (ADDRESS)

B. Cook Pudgley, Tenn.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pudgley, Tenn

DATE

8/2

19. UNDERTAKER (ADDRESS)

W. C. Curry & Sons

20. FILED

20 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 29 1935, to Aug 7, 1935

I last saw him alive on Aug 1st 1935

Death is said

to have occurred on the date stated above, at 1:45 p.m.

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

Date of onset

Arteriosclerosis
 Peaked off the heart

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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. Curry

M. D.

(Address)

Pudgley, Tenn

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.

