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.

OCT 2 2 1935

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

Do not use this space.

29086

1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. ..... St. ..... Ward)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 94

2. FULL NAME Charles Virgil 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1911

7. AGE YEARS 24 MONTHS 7 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving Picture Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Picture Show
10. Date deceased last worked at this occupation (month and year) Sept 16th 1935
11. Total time (years) spent in this occupation 10 yrs

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

FATHER
13. NAME George Arnold Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb Ill.

MOTHER
15. MAIDEN NAME Jessie Tuttle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbina Mo.

17. INFORMANT (ADDRESS) E V Brooks Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macon Mo. DATE Sept 18th 1935

19. UNDERTAKER (ADDRESS) Goodman & Boller Boonville Mo

20. FILED Sept 16, 1935 D. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1935, to Sept 16, 19..
I last saw him alive on —, 1935. Death is said to have occurred on the date stated above, at 2.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
From burns from accidental explosion of moving picture ~~machine~~ film.	
"Coroners Jury Verdict"	

Other contributory causes of importance:

180

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? accident Date of injury Sept 16, 1935
Where did injury occur? Boonville Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Picture Industry.
Manner of injury Burns.
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Machine operator + manager
(Signed) Dr R. L. Anderson, D.O., M.D.
(Address) Boonville Mo.
Coroner & Cooper Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...INFORMATION CALLED ...MUST BE WRITTEN ON ...SUPPLEMENTARY.

Do not use this space.

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

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No.
Township — Primary Registration District No. 3015 — Registered No.
City Boonville (No. , St. Ward)

2. FULL NAME
(a) Residence, No. 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. 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)

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

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

7. AGE — YEARS 24 — MONTHS 7 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 16, 1935 D. E. Cooper Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

burns from accidental explosion of moving picture film

Date of onset

Other contributory causes of importance:
Hot electric soldering iron droped in box of films the building caught a fire

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) Dr. P. L. Anderson, M. D.
(Address) Coroner

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