

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

Do not use this space.

29550

OCT 22 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1002
City N. E. Mo. (No. 3108 E 10)

File No. _____
Registered No. 3504
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2714 Normal St., _____ Ward.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mildred A. Brooks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 24 1881</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	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) <u>9-18-35</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
FATHER	13. NAME <u>Fred Brooks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>	
MOTHER	15. MAIDEN NAME <u>Maranda Bond</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
17. INFORMANT (ADDRESS) <u>Mildred A. Brooks 2714 Normal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>9-14</u> , 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Sheep & Sons Funeral Home 1606 Ind. Ave.</u>		
20. FILED <u>Sept 13, 1935</u> <u>M. M. Corone</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR)
9/11/35 1935

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on 2/10, 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:
Chromy sclerosis
Chronic infarction myocardium

Date of onset _____

Other contributory causes of importance:
gpc in

Name of operation _____ Date of operation _____

What test confirmed diagnosis _____ as 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 or trauma related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.
(Address) [Signature]

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.

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