

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

Do not use this space.

AUG 1 1936

791
1003

28978

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST LOUIS

(No. 3401 Walnut City Hosp #2)

File No.....

Registered No.....

7748

St. Ward)

2. FULL NAME

George Brooks

(a) Residence, No. 3401 Walnut St. 18 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

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

7-16, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... 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:

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

Jan 23 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

39

5

23

Date of onset

Heart Stroke

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Common

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)

CHESTERFIELD Mo

MOTHER FATHER

13. NAME

Daniel Brooks

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

CHESTERFIELD Mo

15. MAIDEN NAME

Lucy Ball

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

CHESTERFIELD Mo

17. INFORMANT

Anna Patterson

(ADDRESS)

2735 SUGONNA

18. BURIAL, CREMATION, OR REMOVAL

PLACE

JOFF BARRICK DATE 7-23, 1936

19. UNDERTAKER

A. F. Walton

(ADDRESS)

2707 SUGONNA

20. FILED

AUG 21 1936

J. Bredeck Registrar

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?

If so, specify

(Signed)

Harold H. ... M. D.

(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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135

133

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24
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