

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

Do not use this space.

FEB 15 1937

43702

1. PLACE OF DEATH

County *Barry*
Township *Marshall*
City *Cassville* (No. *22*)

Registration District No. *29*
Primary Registration District No. *5039*

File No.
Registered No. *6*
St. Ward

2. FULL NAME

Doraine Payne Brooks
(a) Residence, No. *Cassville, Mo.* Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 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) *Dec 13th 1936*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
0 0 14 or *14* days

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) *11-1-36* Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cassville Mo*

FATHER 13. NAME *Oscar Brooks*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barry Co Mo*

MOTHER 15. MAIDEN NAME *Vickey Lanning*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barry Co Mo*

17. INFORMANT (ADDRESS) *Oscar Brooks*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Ridge* DATE *Dec 28th 1936*

19. UNDERTAKER (ADDRESS) *Horace Culver*

20. FILED *Jan 19 1937* *Governor* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 27th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 26*, 19*36*, to *Dec 26*, 19*36*

I last saw him alive on *Dec 26* 3.0, 19*36*. Death is said to have occurred on the date stated above, at *11-4* am.

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

Bronchial Pneumonia Date of onset *12/24/36*

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) *Chas. H. Lanning*

(Address) *Cassville, Mo.*

107a

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1. PLACE OF DEATH

County Barry Registration District No. 29 File No. _____
 Township Mineral Sup Primary Registration District No. 5039 Registered No. 6
 City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME Donnie Payne Brooks
 (a) Residence, No. Cassville no St. _____ Ward. _____ (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		<u>14</u>
		If LESS than 1 day, or _____ min.

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

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

MOTHER FATHER 13. NAME

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

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 3-20 1937 Geo. Neuman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1936
 22. 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:
Bronchial pneumonia Date of onset _____

Other contributory causes of importance:
Crouped Colds

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) E. E. McDaniel M. D.
 (Address) Cassville no

SUPPLEMENTAL

5-43702