

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

Do not use this space.

44784
50000

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Franklin

Primary Registration District No. 1002

City Kansas City

(No. Franklin) Lutheran Hospital

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

Dest. C. Brooks

(a) Residence, No. 3235 Chestnut St., _____ Ward. _____

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 <u>Male</u>	4. COLOR OR RACE <u>Wh</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>Mrs Nell Brooks</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5, 1896</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>8</u>	DAYS <u>7</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>Cook</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)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/36 1936

22. I HEREBY CERTIFY that I attended deceased from 11 to 12, 1936

I last saw h. _____ live on _____, 1936 Death is said to have occurred on the date stated above, at 5 PM

The principal cause of death and related causes of importance were as follows:
Fracture of the skull (Date of onset _____)

Other contributory causes of importance:
Wound

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (other than fall in also the following: Accident, suicide, or homicide) _____ Date of injury _____

Where did injury occur? 105 E. 5th Street (Specify city or town, county, and State)

Specify whether injury occurred _____ in home or in public place.

Manner of injury Fall down stairs

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parsons</u>
	13. NAME <u>Chas Brooks</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>
	15. MAIDEN NAME <u>Jessie Pringle</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT (ADDRESS) <u>Mrs Nell Brooks 3235 Chestnut</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berea Lawn</u> DATE <u>12-14-36</u>	
19. UNDERTAKER (ADDRESS) <u>Carroll - Davidson United 3024 Front</u>	
20. FILED <u>Dec 13, 1936 M. M. Brown</u> Registrar.	

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.

DEC 20 1936

SEP 6 1945