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

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 7628
Township — Primary Registration District No. 4403 — Registered No. 17
City Rolla, (No. Rolla Hospital St. Ward)

2. FULL NAME Junior Paul 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1937
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 1 hrs. or 5 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Rolla, Missouri

FATHER
13. NAME Arthur Irvin Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eminence, Missouri

MOTHER
15. MAIDEN NAME Opal May Land
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davisville, Missouri

17. INFORMANT (ADDRESS) Mr. Arthur I. Brooks. Freeburg Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pyatt Cem - Davisville Mo. DATE Feb. 7, 1937
19. UNDERTAKER (ADDRESS) ~~None~~ Arthur Brooks, Freeburg, Mo.
20. FILED Feb 7 1937 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 — 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937 to Feb 6 — 1937
I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 12 00 p.m.
The principal cause of death and related causes of importance were as follows:
Atelectasis — Date of onset 2-6-37

159

Other contributory causes of importance:
Premature Birth
7 Month

Name of operation — Date of
What test confirmed diagnosis? Clinical. 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) William H Breuer M. D.
(Address)