

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 730 File No. 7767
Township Spring Creek Primary Registration District No. 4438 Registered No. _____
City Huntsville (No. _____) St. _____ Ward _____

2. FULL NAME Charles G. Brooks

(a) Residence, No. Huntsville Sanitarium Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 25

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

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) Randolph Co. Mo

13. NAME J. B. Brooks

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

15. MAIDEN NAME Mary G. Eckhart

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

17. INFORMANT Jim Brooks (Brother)
(ADDRESS) on road nearby

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Mar. 1, 1937

19. UNDERTAKER Snow Funeral Home
(ADDRESS) Moberly Mo

20. FILED Mar. 10 1937 W. A. Barnhart
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 1, 1937, to Feb 27, 1937

I last saw him alive on Feb 25, 1937. Death is said to have occurred on the date stated above, at 4:45 A. M.

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

PULMONARY Hemorrhage Date of onset 2-27-37

Other contributory causes of importance: Influenza 2-20-37

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Phys Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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? NO

If so, specify _____

(Signed) Dr. W. H. Johnston

(Address) HUNTSVILLE, MO.

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.

11B

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 733 File No. 7767
 Township _____ Primary Registration District No. 4438 Registered No. _____
 City Huntsville (No. _____) St. _____ Ward _____

2. FULL NAME Charles F. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

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

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

Pulmonary Hemorrhage Date of onset 2/27/37
Probably due to
Tuberculosis. Also
Mitral Disease

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)

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 Apr-29 19____ Miss D. A. Boruhart Registrar.

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) H. K. Johnston M. D.
 (Address) Huntsville Mo

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

SUPPLEMENTARY

5-7769