

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Arnold
Township Lebanon
City Lebanon

Registration District No. 749
Primary Registration District No. 5988

File No. 13182
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ellen Elizabeth Brooks

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 7 16

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

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) 10 days before death in Sept

11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.

13. NAME Henry C. Donny Sr.

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

15. MAIDEN NAME Jane Lerdner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plat City, Mo.

17. INFORMANT (ADDRESS) Corrie Brooks
Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic cemetery Lebanon, Mo.

19. UNDERTAKER (ADDRESS) S. Bond
Lebanon, Mo.

20. FILED 3/7/1937 C. W. Fitzpatrick
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from about Feb 20, 1937, to Mar 1, 1937

I last saw her alive on Feb 27, 1937. Death is said to have occurred on the date stated above, at 5:42 a.m.

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

Apoplexy

Date of onset Feb 20, 1937

Other contributory causes of importance: gla

Name of operation none 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? no

If so, specify _____

(Signed) C. W. Fitzpatrick, M. D.

(Address) Lebanon, 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.

