

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

Do not use this space.

36538

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 36538
 Township Kaw Primary Registration District No. 1002 Registered No. 1002
 City, Jackson City Mo (No. Wheatley Provident Hospital) Ward

2. FULL NAME Paul Walton Brooks

(a) Residence, No. Wheatley Hospital St. Excelsior Springs Mo Ward. Excelsior Springs Mo
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 18

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) Excelsior Springs Mo

13. NAME Donald Sidney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Euna Brooks

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

17. INFORMANT Lawrence Brooks (ADDRESS) Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL no PLACE Excelsior Springs Mo DATE Oct 2 1937

19. UNDERTAKER Charles Prichard (ADDRESS) Excelsior Springs Mo

20. FILED Oct 3 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/24 1937 to 10/2 1937

I last saw him alive on 10/2 1937 Death is said to have occurred on the date stated above, at 2:05 PM

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

Pyloric Obstruction 9/17/37
1578

Other contributory causes of importance:

Name of operation Ramstedt Date of 9/28/37

What test confirmed diagnosis? Operation 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) H. Prichard M. D.

(Address) 1722 1/2 E, 18

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.

