

DEC 16 1937

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

Do not use this space.

41007

1. PLACE OF DEATH

County Clay
Township Platte
City Smithville (No.)

Registration District No. 203
Primary Registration District No. 4122

File No.
Registered No. 16
St. Ward)

2. FULL NAME Van William 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Sue Ella "Mitchell" Brooks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18, 1854</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clay County, Mo.
(STATE OR COUNTRY)13. NAME Samuel Brooks14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)15. MAIDEN NAME Lucinda J. Smith16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)17. INFORMANT Walter M. Brooks
(ADDRESS) Smithville, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE I 00 F Centery DATE Nov. 21 193719. UNDERTAKER McComas Mortuary
(ADDRESS) Smithville, Missouri20. FILED 11-20-1937 E. C. Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Nov 19, 1937
Last saw him alive on Nov 18, 1937. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset

Other contributory causes of importance:

Arteriosclerosis
Myocardial degeneration
Name of operation Date of
What test confirmed diagnosis? Exam. 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) W. P. Belman M. D.
(Address) Smithville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

