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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 2141
Township — Primary Registration District No. 1001 — Registered No. 122
City St. Joseph. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Frank Brooks. 620
(a) Residence, No. 519 South 6th Street St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertrude Brooks.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 4, 1879.
7. AGE: YEARS 58 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Edw Sampson DeKalb Mo.
10. Date deceased last worked at this occupation (month and year): Sept 1937
11. Total time (years) spent in this occupation: 5Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shawano Wisconsin.

FATHER
13. NAME: Jesse Brooks.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. New York.

MOTHER
15. MAIDEN NAME: Mary Wianas.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shawano Wisconsin.

17. INFORMANT (ADDRESS): Mrs Harriett Banta. Shawano Wisconsin.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shawano Wisc. DATE Feb. 1, 1938
19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.
20. FILED 2/1 1938 [signature] Registrar.

BUREAU OF VITAL STATISTICS M.C. STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29, 1938
22. I HEREBY CERTIFY, That ~~I attended deceased~~ VIEWED from Jan 30, 1938, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Subacute Bacterial Endocarditis resulting from chronic cholecystitis 127
Date of onset
Other contributory causes of importance: none
Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes
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) R. W. Tadls Jr - Coroner M. D.
(Address) 1 King Hill Bldg

RECEIVED FEB 1 1938