

REC'D MAR 15 1938

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

Do not use this space.

6374

1. PLACE OF DEATH

County Carter
Township 5 Johnson
City Grandin (No.)

Registration District No. 145
Primary Registration District No. 5208

File No. 18
Registered No. 45
St. Ward

2. FULL NAME Lewis Franklin Brooks 620

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

Length of residence in city or town where death occurred yrs. 1 mos. 9 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-18-1904</u>		
7. AGE <u>33 yrs.</u>	YEARS <u>4</u>	MONTHS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Grandin
(STATE OR COUNTRY) Missouri

13. NAME Wm. H. Brooks

14. BIRTHPLACE (CITY OR TOWN) Pleasant Grove
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah A. Bounds

16. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Addie Brooks
(ADDRESS) Grandin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Macedonia DATE 2-28 1938

19. UNDERTAKER W. E. McKinney
(ADDRESS) Grandin, Mo.

20. FILED March 5th 1938 Alexander Johnston M.D.
Per Mary Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1938, to 2/26 1938
I last saw him alive on Nov 15 (26) 1938. Death is said to have occurred on the date stated above, at 108 m.
The principal cause of death and related causes of importance were as follows:

Paralysis agitans
8713-

Other contributory causes of importance:

Name of operation Clinical 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) Clifford J. Hefner, M. D.
Donoghue M.D. (Address) 127

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

DEC 10 1945

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6374
Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 145
(b) Township Johnson Primary Registration District No. 5208
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐
(Usual place of abode, if no street address, write county or city) (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 s
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) April 18, 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED Mar. 5 1938 Alexander Johnston MD
Per Mary Johnston Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1938

22. I HEREBY CERTIFY, That I attended deceased from

19... to ..., 19...

I last saw him alive on ..., 19... Death is said

to have occurred on the date stated above, at...

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

Date of onset

Other contributory causes of importance:

strained himself at farm work, invalid for 10 years

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) Clifford G. Goforth M. D.

(Address) Doniphan mo

