DEC 1 9 1938

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

39565
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson 2 Registration District No. 427
(b) Township Jackson 1 Primary Registration District No. 5592 Registered No. 51
(c) City ..... (d) Street No. ..... St.
(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 620 Joseph Newton Brooks
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Wallace Brooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1866
7. AGE YEARS 72 MONTHS 5 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Tenn. 1

FATHER
13. NAME Thomas Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER
15. MAIDEN NAME Margaret E. George
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

17. INFORMANT (ADDRESS) Mrs Joseph N. Brooks
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Nov. 25 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.F. Wilcox Funeral Service Warrensburg, Mo.
20. FILED Nov 24 1938 Mrs. G V Redford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938, to 11-22-, 1938
I last saw h. in alive on 11-22, 1938. Death is said to have occurred on the date stated above, at 4:20 P.m.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis — Date of onset Sept-38
Other contributory causes of importance: age 93 C
Name of operation no Date of
What test confirmed diagnosis? physical 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) R F McKinney, M. D.
(Address) Warrensburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 8,
District File Number 12/12/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Donald W. Turpin, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed Donald W. Turpin

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.