

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.

1938 DEC 5 1938

40171

1. PLACE OF DEATH

County Ripley
Township Jordan
City Daniphan (No. _____)

Registration District No. 750
Primary Registration District No. 5987

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 620 Sarah Jane Brooks
(Usual place of abode) Daniphan Mo. Rt. 2 St. Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF N. J. Brooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 28 - 1858
7. AGE YEARS 80 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Ripley Co. Mo.

13. NAME John Barton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo.

15. MAIDEN NAME Don't know

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

17. INFORMANT H. W. Brooks
(ADDRESS) Daniphan Mo Rt-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Brooks Cem DATE 11-14-38

19. UNDERTAKER Black Mortuary
(ADDRESS) Daniphan Mo

20. FILED 11-17-38 1938 Ed. J. J. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Nov 13, 1938.
I last saw h. lx alive on Nov 13, 1938. Death is said to have occurred on the date stated above, at 12:00 a. m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 11/12/38
Other contributory causes of importance: 10

Name of operation _____ 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 G. Gifford, M. D.
Doniphan Mo. (Address) 220

