REG'D FEB 25 1939

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

2

3154
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe — Registration District No. 581
(b) Township — Primary Registration District No. 4343 — Registered No. 1
(c) City Monroe 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Miller Crooks
(a) Residence, No. 620 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

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 Rosie Crooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 8th 1856

7. AGE: Years 81 | Months 10 | Days 23 | 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) Iowa.

FATHER
13. NAME Samuel Crooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Reba Crooks
(ADDRESS) Monroe City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cemetary Falls Co Mo DATE Jan 2nd 1939

19. FUNERAL DIRECTOR (NAME) Wilson + Son
(ADDRESS) Monroe City Mo.

20. FILED Jany 2nd 1939 W D Pipkin 512
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1938 to Jan 1st 1939
I last saw him alive on Dec 31 1938. Death is said to have occurred on the date stated above, at 12 03 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12-30 1938
Coma

Other contributory causes of importance:
Arterio-Sclerosis — 1930

Name of operation None Physical Injury Date of
What test confirmed diagnosis? 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) John H Stubbs, M. D.
(Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

Causes of death should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 2 1945

OCT 5 1944

RECEIVED
District Health Officer No. 10
District File Number 10-39-138
Date Filed FEB 8 1939

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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