REC'D MAY 22 1939

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

15433
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 508
(b) Township Sampsel — Primary Registration District No. 3026 — Registered No. 51
(c) City — (d) Street No. 1½ mile N. E. Lock Springs, Mo. 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.

626

2. PRINT FULL NAME Bion Bernard Brookshire
(a) Residence, No. 1½ mile N. E. LockSprings, Mo. 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: Sarah Ann Brookshire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 18, 1858
7. AGE: YEARS 81 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired 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): Livingston County Missouri

FATHER
13. NAME: James Carol Brookshire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER
15. MAIDEN NAME: Drucella McClure
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Mrs. John Gibson Lock Springs, Missouri R. R.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Lock Springs DATE: 4-2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Frank B. Norman Chillicothe, Missouri 456
20. FILED: Mar 31 1939 Donald M. Dowell, M.D. Local Registrar

4-4-39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1939, to Mar 31, 1939
I last saw him alive on Mar 31, 1939. Death is said to have occurred on the date stated above, at 10 30 a.m.
The principal cause of death and related causes of importance were as follows:

Regurgitation
Mitral

Date of onset

92 A

Other contributory causes of importance:

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) A. G. Minick M. D.
(Address) Lock Springs 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.

RECEIVED
No. 11
39-488
Date Filed MAY 11 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, Elton F. Norman & E. R. Norman (2374), or by

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

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.