

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

17676  
 Do not use this space.

REC'D JUN 8 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kear Primary Registration District No. 1007 Registered No. 2078  
 (c) City Kansas City (d) Street No. Research Hospital St.  
 (If death occurred in Hospital or Institution, give its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (g) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Don Frederick Brooks  
 (a) Residence, No. 2718 Tracet 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**

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Brooks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14 1910</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>4</u>	DATE <u>4</u>
IF LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Mechanic</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec. 1938</u>		11. Total time (years) spent in this occupation <u>3 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
FATHER		
13. NAME <u>William R. Brooks</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vioclia Iowa</u>		
MOTHER		
15. MAIDEN NAME <u>Lillie Bennett</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Kansas</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Margaret Brooks 2718 Tracet</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>May 20 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D. J. Newcomer Inc. Brushcreek + Passes</u>		
20. FILED <u>May 19 39</u> M. M. <u>Crome</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1939

22. I HEREBY CERTIFY, That I attended deceased from April 30 1939 to May 18 1939  
 I last saw him alive on May 18 1939. Death is said to have occurred on the date stated above, at 1:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cardiac failure (right sided) Date of onset  
Dilatation of stomach  
1726  
 Other contributory causes of importance:  
Banti's disease

Name of operation Splenectomy Date of 5/15/39  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) D. J. Newcomer M.D.  
 (Address) 1024 1/2 E. 13th

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.

STATEMENT BY LICENSED EMBALMER

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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

*Nell Carr*

Licensed Embalmer No.

*3976*

P. O. Address

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.

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