

REC'D JUN 8 1939

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

18579
Do not use this space.

3

1. PLACE OF DEATH
(a) County FRANKLIN Registration District No. 295
(b) Township Meramec Primary Registration District No. 4199 541 2 Registered No. _____
(c) City Sullivan (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 Roy O. Brooks
(a) Residence, No. 4512 Tholozan Ave St. St. Louis Mo.
(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 Olive Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Po. Clerk
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) May 39 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER 13. NAME Marshall F. Brooks.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Naomi Overton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Olive Brooks
4512 Tholozan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. June 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann-Harral
1905 Union Blvd

20. FILED 5/31/39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1939.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at Not Known.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning
(Boat Involved)

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 28,
Where did injury occur? Franklin County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Private fishing grounds.
Manner of injury Drowning
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Phos. S. Shaffer CORONER
Sullivan, Missouri.

N. E.—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

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

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Edgar W. Laffan

..... Licensed Embalmer No. *3394*.....

..... P. O. Address *Sullivan M*.....

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.