REC'D JUL 15 1939

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

Do not use this space.

22173

1. PLACE OF DEATH

County Greene — Registration District No. 325 — File No.

Township Cass — Primary Registration District No. 5457 — Registered No. 57

City Cave Springs (No. ..... St. ..... Ward)

2. FULL NAME General Forrest Brooks

(a) Residence, No. Cave Springs Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orleanna Cheoweth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 20, 1866

7. AGE: YEARS 72 — MONTHS 6 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Thresherman
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): Retired
11. Total time (years) spent in this occupation: 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER

13. NAME: David Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Martha Clevenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Beulah Lindsay, Cave Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rosehill Cemetery DATE July 1 1939

19. UNDERTAKER (ADDRESS): Brim Funeral Service, Ash Grove Mo

20. FILED July 1 1939 Etta B. McClure, Registrar. 295

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1939, to 6-29, 1939

I last saw him alive on June 29, 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Chronic Parenchymatous Nephritis — Date of onset (2)

Other contributory causes of importance: Myo-Carditis

Name of operation none — 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? no

If so, specify

(Signed) B. F. Windle, M. D.

(Address) Bois D'Arc Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X9314