

SEP 1 1939

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

30008
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 150
 (c) City Moberly (d) Street No. Woodland Hospital 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

Augustus Brooks
 (a) Residence, No. 924 No Ault 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

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 Ola E. Brooks
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14th 1873
 7. AGE YEARS 66 MONTHS 7 DAYS 0 IF LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Mo

FATHER 13. NAME James Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER 15. MAIDEN NAME Eliza Payton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Mrs Ola E. Brooks Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Aug 17th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son Moberly Mo

20. FILED Aug 17 1939 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17th 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 8 - 129 to Aug 14 - 39
 I last saw him alive on Aug 14 - 1939. Death is said to have occurred on the date stated above, at 10³⁰ p. m.
 The principal cause of death and related causes of importance were as follows:
myocarditis Aug 6/39
arterial hypertension
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide no 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. E. Hildebrand M. D.
 (Address) Moberly Mo

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

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.

50M-4-19-38 I X16925

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 5/10/20

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 Frank D. Witt
Licensed Embalmer No. 3021
P. O. Address Moberly 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.