

REG: OCT 10 1939

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

31841
Do not use this space.

1. PLACE OF DEATH

(a) County B Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006
(c) or City Columbia (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

Geo Washington Brooks
(a) Residence, No. 107 Walnut St. 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 <u>M.</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeanette Brooks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-10-1872</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>8</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farm Hand</u>		
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) <u>Curtis Co Mo</u>		
13. NAME <u>Dick Hunter</u>		
14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Do not know</u>		
15. MAIDEN NAME <u>Maria Brooks</u>		
16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT (ADDRESS) <u>Jeanette Brooks</u> <u>107 Walnut Columbia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>9-19</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>R. G. Freeman</u> <u>508 Park Columbia Mo.</u>		
20. FILED <u>9/19/</u> 19 <u>39</u> <u>Allie Selby</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7 1939 to Sept 15 1939
I last saw him alive on Sept 7 1939. Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of the death and related causes of importance were as follows:
Chronic Myocarditis
Cardiac decompensation
Date of onset Jan 1939

Other contributory causes of importance: 926

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) AW Kampshardt, M. D.
(Address) Columbia Mo.

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 me

A. C. Freeman

Registered Apprentice No. 2837

working under my personal supervision.

Signed

A. C. Freeman

Licensed Embalmer No. 2437

P. O. Address Columbia 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.