

FEB 15 1940  
Registration District No. W 49

Primary Registration District No. 5098

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Jenagan  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME DONNA J. BROOKS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 6211

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C.P. Brooks

6. (c) Age of husband or wife 76 years, alive \_\_\_\_\_

7. Birth date of deceased March 13 1902  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hiram R. Littel

13. Birthplace Ind  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Rodan

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Donna J. Brooks

(b) Address Jenagan Mo

17. (a) Burial (b) Date thereof 1-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenagan Mo

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman Mo

19. (a) \_\_\_\_\_ (b) L.H.C. (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

(c) City or town Jenagan  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1940 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1922 to Jan 21 1940  
that I last saw her alive on Jan 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Blame of lungs from cancer of throat

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature W.H. Holloway (M. D. or other) \_\_\_\_\_  
Address Meriville Date signed 2-21-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1931

RECEIVED

District Health Officer No. 6,

District File Number 240-496

Date Filed FEB 14 1940

**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.....

*Ronald Reed*

Registered Apprentice No. 202

working under my personal supervision.

Signed *J. B. [Signature]*

Licensed Embalmer No. 5689

P. O. Address Georgetown

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.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

2999  
Do not use this space.

1. PLACE OF DEATH  
 (a) County McDonald Registration District No. 1149  
 (b) Township Pineville Primary Registration District No. 6098 Registered No. 5  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Donna J Brooks  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>67</u>	<u>9</u>	<u>20</u>	

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.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1940

22. I HEREBY CERTIFY, That I attended deceased from 1922 to 1-21 1940  
 I last saw him alive on 1-20 1940 Death is said to have occurred on the date stated above, at 8 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Edema of lung from cancer of breast Date of onset

Other contributory causes of importance:

Name of operation ..... 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? .....  
 If so, specify W. H. Harton, M. D.  
 (Signed) W. H. Harton (Address) Pineville Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Ellettsville

13. NAME Hiram R. Litell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Martha Poston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. N. W.

17. INFORMANT D. P. Brooks (ADDRESS) Lanagan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lanagan Mo DATE 1-22 1940

19. FUNERAL DIRECTOR Chas Williams (ADDRESS) Lanagan Mo

20. FILED 2. 9 1940 Lee O Ormel Local Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-2999