

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(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 _____ (Specify whether)
In this community 32 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(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 July day 26
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from
Dec. 11 1939 to July 26 1940
that I last saw him alive on July 5th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Rectum
Duration one yr
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature L.P. Doolin (M. D. or other) 1
Address Gallatin Mo. Date signed 7-29-40

3. (a) PRINT FULL NAME Thomas Jackson Brooks 620

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Brooks 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 18 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cabinet Maker

11. Industry or business _____

12. Name David Brooks 9

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

14. Maiden name Martina Williams 9

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

16. (a) Informant Mrs. Daisy Brooks

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 7-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Turn & Co. 227

(b) Address Gallatin Mo.

19. (a) July 27-1940 A. G. Hope
(Dated received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 11
District File Number 840-1311
Date Filed AUG 15 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed L. O. Rickesson

Licensed Embalmer No. 3302

P. O. Address Hallsville, 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.