DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31625

Registration District No. 125 — Primary Registration District No. 3009 — Registrar's No. 322

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St Frances Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 15 minutes (Specify whether years, months or days)

In this community Three weaks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Non (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME James Arnold Brooks

3. (b) If veteran, name war Non

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Benton (Month) October (Day) 1.1914 (Year)

8. AGE: Years 25 | Months 11 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Benton (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer 1

11. Industry or business Farming 0

FATHER
12. Name Hardin Brooks
13. Birthplace Critlenden (City, town, or county) Kentuckey (State or foreign country)

MOTHER
14. Maiden name Anna Ruth Hider
15. Birthplace Benton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature ____

(b) Address ____

17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 9/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Pollard Cemetery

18. (a) Signature of funeral director Lair & Nunnley

(b) Address Charelston

19. (a) 9-20-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1940 hour 1 minute 25.A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Not Positive — Duration

Could be skull fracture or broken back, Injury sustained by being

Due to dragged off a truck load of baled hay, as it passed under a tree

Due to and later dying in the St Frances Hospital in Cape Girardeau Mo.

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) Accident

(b) Date of occurrence September 19.1940

(c) Where did injury occur? 1/4 mile east of Blodget (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on a public road (Specify type of place)

While at work? Yes (e) Means of injury 1

23. Signature E. R. Pricke Coroner (M.D. or other)

Address 4 S. Pacific St Cape Gir Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.