

FILED JAN 25 1941

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

Do not use this space.

44131

1. PLACE OF DEATH

County Lexa
Township Shurill
City 2 (No. _____)

Registration District No. 568
Primary Registration District No. 6149

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME Anthony K Brookshire

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1865

7. AGE YEARS 79 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) Jan 1934 11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yanuy Mills Mo

13. NAME Nathaniel Brookshire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagoner Mo

15. MAIDEN NAME Mary Deeweese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagoner Mo

17. INFORMANT Mrs Otto Melchers

18. BURIAL, CREMATION OR REMOVAL PLACE Smith Cem DATE 12-29-1940

19. UNDERTAKER Smith & Sons (ADDRESS) 214 S. 1st St. Wagoner Mo

20. FILED 12/28/40 J. V. H. Peef Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1940, to July 27 1940

I last saw her alive on July 28 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:

Broncho Pneumonia Date of onset _____

Other contributory causes of importance: HN

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Y

28. 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? Y

If so, specify Lung Cancer

(Signed) Lester Randsell M. D.

(Address) Licking Mo

RECEIVED

District Health Officer No. 5,

District File Number 14195

Date Filed _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44131
Registrar's No. _____

Registration District No. 868

Primary Registration District No. 619

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

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Sherrill
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Texas
(c) City or town rural Sherrill
(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.

3. (a) PRINT FULL NAME Anthony K Brookshire
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month 12 day 29
year _____ hour _____ minute _____ M.

4. Sex m 5. Color or race _____
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Ethel Bishop Brookshire 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased 19 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchitis pneumonia

8. AGE: Years 79 Months 11 Days 8 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Wiley Mills Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business Farming
12. Name Nathan Brookshire
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sewer
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. M. Whiters
(b) Address Rella Mo
17. (a) _____ (b) Date thereof 12-29-
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (e) Means of injury _____

(c) Place: burial or cremation Smith Cem Phelps Co
18. (a) Signature of funeral director Smith + Ferguson
(b) Address Licking Mo
19. (a) 2/20/40 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature Leslie Randall (M. D. or other) _____
Address Licking Mo Date signed _____

TEMPORARILY SUPPLEMENTED

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

