

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

Do not use this space.

FILED JUL 16 1942

22484

1. PLACE OF DEATH

County Vermon Registration District No. 980
 Township Walker Primary Registration District No. 6168
 City Nevada (No. 0) Registered No. 11
 St. _____ Ward _____

2. FULL NAME

Justine Brooks
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec -

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patent at 5th County Farm
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Farm
 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) Madison

13. NAME Henry Brooks

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

15. MAIDEN NAME Virginia Dupord

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny

17. INFORMANT (ADDRESS) John Brooks R.W. Thumel MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Farm DATE June 25 1942

19. UNDERTAKER (ADDRESS) R. W. M. Caldwell Sr. Thumel, Mo.

20. FILED 6-27-42 July Thumel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1942

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:

This patient was living at the County Farm, Vermon Co. Mo. died of an acute heart attack - I did not see him.
 Other contributory causes of importance: Epilepsy
 Date of onset _____

Name of operation _____ 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? _____ 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) C. B. Davis, M. D.
 (Address) Walker, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-42-793

Date Filed 7-14-42