

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17651

Registration District No. 14-9

Primary Registration District No. 5175

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Branch Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Perry Brooks3. (b) If veteran, name war NONE3. (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 Tolia Brooks 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept. 19 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 29 hr. min.

9. Birthplace (City, town, or county) IL. 1 (State or foreign country)10. Usual occupation farmer

11. Industry or business

12. Name John T. Brooks13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)14. Maiden name Mary Foley15. Birthplace (City, town, or county) unknown (State or foreign country)16. (a) Informant Mrs. Tolia Brooks(b) Address Branch Mo.17. (a) Burial (b) Date thereof May 19, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wicks Creek Cemetery18. (a) Signature of funeral director Vaughan & Reser(b) Address Urbana Mo.19. (a) May 20 - 1944 (b) Mrs. A. R. Jackson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Camden
 (c) City or town Branch
 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1944, to May 18, 1944
 that I last saw him alive on May 15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous myeloditis
 Duration 1 yr.

Due to

Due to Cordic Catheter

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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) (e) Means of injury

23. Signature L. A. Glones (M. D. or other) M.D.Address Urbana Mo. Date signed 5/19/44

RECEIVED

District Health Officer No. 7

District File Number 5-44-656

Date Filed 6-1-44

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. 3053

P. O. Address Warsaw 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, fact should be so stated above.