

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

Do not use this space.

26872

1. PLACE OF DEATH  
 County Anderson Registration District No. W2, Ford  
 Township Harrison Primary Registration District No. 3072  
 City Mexico (No. ....) St. .... Ward (....)

2. FULL NAME Mr. Sueile Brooks  
 (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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Wm Brooks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29-1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>11</u>	<u>20</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) ..  
 (c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Sturgeon  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry Brookman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) X Unknown

12. MAIDEN NAME OF MOTHER Barnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sturgeon Mo.

14. INFORMANT Suzette Brooks  
 (Address) Mexico Mo.

15. FILED Aug 25 1929 Ira A. Williams  
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1929

17. I HEREBY CERTIFY That I attended deceased from May 31, 1929, to Aug 19, 1929 that I last saw alive on Aug 17, 1929 and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
34 Myocarditis  
124B Cirrhosis of liver  
93B (duration) yrs. mos. ds. 3 mo at least

CONTRIBUTORY (SECONDARY) Liver  
 (duration) yrs. mos. ds.

18. WHEN WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH ..  
 DID AN OPERATION PRECEDE DEATH? no DATE OF ..  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Serology  
 (Signed) William Ford M. D.  
 , 19 (Address) Mexico Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sturgeon Mo. DATE OF BURIAL Aug 21 1929

20. UNDERTAKER McPherson ADDRESS Mexico Mo.

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.

21 1929  
 23  
 31

