

OCT 28 1930

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

Do not use this space.

29185

1. PLACE OF DEATH

County Buchanan
Township St Joseph Mo
City St Joseph Mo

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1037
St. _____ Ward _____

2. FULL NAME

(a) Residence No. A. J. Brooks St. Mo Ward _____
(Usual place of abode) Webb City

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mary Brooks

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

Unknown 1956

7. AGE

YEARS MONTHS DAYS
74 Unknown

IF LESS than 1 day, _____ hrs. _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

State Hospital Records

St Joseph Mo

15.

FILED

1930

John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1930 to Sept 17 1930 that I last saw him alive on Sept 17 1930, and that death occurred, on the date stated above, at 10:45 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Arteriosclerosis
97

CONTRIBUTORY (SECONDARY)

9/13

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) D. C. Miles M. D.

Sept 17 1930 (Address) St Joseph 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

DATE OF BURIAL

Kansas City Mo

Sept 19 1930

20. UNDERTAKER

J. W. Wagner

ADDRESS

204 West Greenwood

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.

