MAY 29 1935

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

Do not use this space.

13304

1. PLACE OF DEATH
County: Jasper
Township:
City: Duenweg (No. , St. Ward)

Registration District No. 416
Primary Registration District No. 4248

File No.
Registered No.

2. FULL NAME: Andrew 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: Male
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: Estelle Brooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10 1878

7. AGE: Years 57 Months 9 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Wright County, Missouri

FATHER
13. NAME: Kirk Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Adeline Dobbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Estelle Brooks, Duenweg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sarcoxie Cem DATE: Apr 17, 1935

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co, Webb City, Mo.

20. FILED: Apr 16, 1935 Chas Simmons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Apr 15, 1935
I last saw him alive on Apr 14, 1935. Death is said to have occurred on the date stated above, at 6.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) Larry Simmons, M. D.
(Address) Sarcoxie, Mo