

AUG 17 1936

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

Do not use this space.

25713

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Primary Registration District No. 3008
City Fulton (No. Callaway County Hospital) St. Ward)

File No.

Registered No. 2212. FULL NAME Frankie Rosalia Brooks

(a) Residence, No. 1003 Northwestern 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 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) Jan. 17, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 5 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Madison, Mo.

13. NAME Perry Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo.

15. MAIDEN NAME Elizabeth Keeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

17. INFORMANT Perry Brooks (ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico Mo. DATE July 13 1936

19. UNDERTAKER H. A. Pugh & Son (ADDRESS) Mexico Mo.

20. FILED July 11 1936 P. M. Crews Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11 1936, to July 11 1936

I last saw her alive on July 11 1936. Death is said to have occurred on the date stated above, at 9:30 pm.

The principal cause of death and related causes of importance were as follows:

Fractured skull, Fractured neck, internal injuries.

Date of onset

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? Accident Date of injury July 11, 1936

Where did injury occur? Fulton, Callaway Co., Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

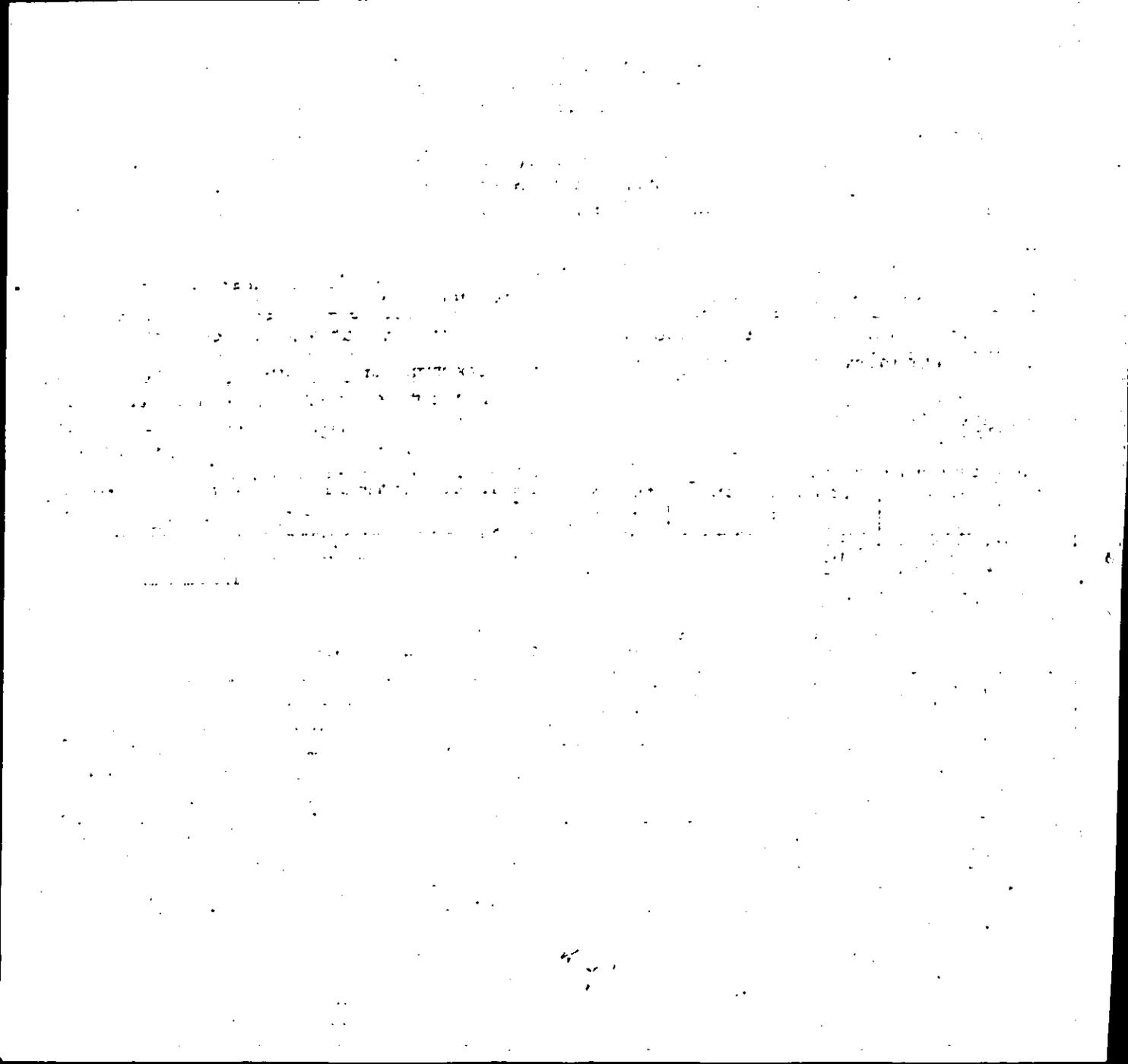
Occurred on highway 54

Manner of injury Automobile accidentNature of injury Fractured Skull, Neck, internal injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) P. M. Crews, M. D.(Address) Fulton Mo.



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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township _____
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 2008

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

2. FULL NAME

Frankie Rosalie Brunka

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 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) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
	<u>18</u>	<u>5</u>	<u>28</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/26 1936 W. H. Lewis Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1936

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 _____ m.

The principal cause of death and related causes of importance were as follows:

Fractured skull
fractured neck
internal injuries
While riding in
an automobile.

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 automobile accident
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) R. M. Bankhead, M. D.
(Address) Fulton Mo

SIX MONTHS

NO

S-25713