

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

40206
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Madison 1 Registration District No. 038
 (b) Township _____ Primary Registration District No. 3028 Registered No. 85
 (c) City Fredericktown (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BENJAMIN FRANCES BROOKS
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as 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) Madison Co
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Benjamin Franklin Brooks

14. BIRTHPLACE (CITY OR TOWN) Madison Co
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Cynthia Ann Choate

16. BIRTHPLACE (CITY OR TOWN) Madison Co
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Geo Childers
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland DATE Nov 18, 1939

19. FUNERAL DIRECTOR (NAME) Ed H Nell
 (ADDRESS) Fredericktown Mo

20. FILED Nov 17 1939 S. C. S. Langhorne
 (Address) Fredericktown Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from un attended 1939, to decd, 1939

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at unknown

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

Apoplexy
Cerebral Haemorrhage
 Date of onset 11/16/39

Other contributory causes of importance: Unknown

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) S. C. S. Langhorne M. D.

(Address) Fredericktown 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.

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ed. H. Webb

Licensed Embalmer No.

731

P. O. Address.....

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, above space should be left blank.