

JAN 10 1940

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

43855
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township 116 Primary Registration District No. 6-6-33 Registered No. 165-
(c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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. 1 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Russell Thomas Brooks

(a) Residence, No. Jerico Springs, Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 1 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Sept. 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hall City (STATE OR COUNTRY) Kansas

13. NAME Blythe Brooks

14. BIRTHPLACE (CITY OR TOWN) St. Clair County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME ---Younger

16. BIRTHPLACE (CITY OR TOWN) St. Clair County (STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Jerico Springs, Mo DATE 12-1

19. FUNERAL DIRECTOR (NAME) Opmitchell (ADDRESS) Jerico Springs, Mo

20. FILED 1939 W. A. Halmer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1939 to Dec. 1, 1939

I last saw him alive on Dec. 1, 1939. Death is said to have occurred on the date stated above, at 9:35a m.

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

Pulmonary tuberculosis Date of onset 1937

Other contributory causes of importance:

Diabetes Mellitus

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Maurice D. Jones, M. D.
(Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 140-81

Date Filed JAN 9 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.