

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

Do not use this space.

18718

1. PLACE OF DEATH

County Moniteau Registration District No. 577
 Township Pilot Grove Primary Registration District No. 5775
 City (No. St. Ward)

2. FULL NAME

Brooks Leon Newkirk

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mo. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>neither</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19 - 1930</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>3</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
	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) <u>Moniteau Co Mo</u>				
FATHER	13. NAME <u>Rue Newkirk</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co Mo</u>			
MOTHER	15. MAIDEN NAME <u>Lena Scott</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co Mo</u>			
17. INFORMANT (ADDRESS) <u>Luzyle Bolinger California Mo R.F.D.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flag Springs</u> DATE <u>May 2 1931</u>				
19. UNDERTAKER (ADDRESS) <u>Williams California Mo</u>				
20. FILED <u>May 2, 1931</u> <u>J.M. Robertson</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 1 1931

22. I HEREBY CERTIFY, That I attended deceased from April 22 1931 to April 30 1931
 I last saw him alive on April 30 1931. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Enteritis
1190 / 19
 Other contributory causes of importance:
 Date of onset: 1190 / 19

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?
 If so, specify _____
 (Signed) J.M. Robertson, M. D.
 (Address) Latham 7110

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.

JUN 27 1931

WHILE LIVING, WITH OBTAINING INTEREST—THIS IS A PERMANENT RECORD

