

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

Do not use this space.

30015

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sadalia (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Francis Bremer
 (a) Residence, No. Bothwell Hoop 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.

File No. _____
 Registered No. 237

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 Walter Bremer			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1908			
7. AGE 24 YEARS	7 MONTHS	1 DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home		
	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) Missouri			
FATHER	13. NAME Henry Fowler		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
MOTHER	15. MAIDEN NAME Dela Morris		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT Henry Fowler (ADDRESS) Cole Camp Mo			
18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Lutheran DATE 9-4-32			
19. UNDERTAKER E L Eickhoff (ADDRESS) Cole Camp Mo			
20. FILED 9-2-32 19 <u>32</u> J. L. Love Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-2-32**, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Sept 2, 1932.
 I last saw her alive on Sept 2, 1932. Death is said to have occurred on the date stated above, at 2:30 AM.
 The principal cause of death and related causes of importance were as follows:
childbirth
 Date of onset _____

Other contributory causes of importance:
chronic interstitial nephritis

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 _____, 1932
 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) M. P. Sly, M. D.
 (Address) Sadalia Mo

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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 28 1932

DR. J. G. LOVE

202-203 ILGENFRITZ BUILDING

SEDALIA, MISSOURI

Feb. 24, 1933

Dr. James M. Stewart
Jefferson City, Mo.

Dear Doctor:-

Relative to the death certificate of Mrs. Frances Bremer, Sept. 2, 1932, which is enclosed, will say that Dr. Shy did not see this case prior to the puerperal period and consequently as far as he knows it came on at this time. They gave no history of any previous trouble, consequently we will answer the question by saying it was during the puerperal period.

Yours truly,

JGL:AKP



It is essential that death certificate be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs. Francis Premier
Who died at Sedalia, Mo. (City) _____ (County) _____ on Sept. 2, 1932, (Date)

Residence: No. _____ St. _____ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Child-Birth

Chronic during puerperal period.

Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____