

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

Do not use this space.

9598

1. PLACE OF DEATH

County Jackson Registration District No. 389
Township K. No. Mo. Primary Registration District No. 1000
City Keytesville Mercy Hospital

File No. _____
Registered No. 1200
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Keytesville Mo. 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>13</u>		<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7th Grade

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keytesville Mo.

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) Keytesville Mo.

MOTHER FATHER 13. NAME Benj Franklin Brewer

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

15. MAIDEN NAME Katherine S. Walter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville Mo.

17. INFORMANT Benj F. Brewer (ADDRESS) Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville Mo DATE Mar. 8 1933

19. UNDERTAKER Eylar Funeral Home (ADDRESS) 1800 Linwood

20. FILED Mar 13 1933 M. M. Crove Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-33

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1933 to 3-13 1933

I last saw her alive on 3-12 1933 Death is said to have occurred on the date stated above, at 7:30 am.

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

Prerenia
Acute nephritis
Pulmonary Edema
Date of onset 120
132
111

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 _____

Nature of injury _____

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

If so, specify _____

(Signed) A. P. Sawyer, M. D.

(Address) Mercy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

