

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

Do not use this space.

19169

1. PLACE OF DEATH

20 County Ladysburg Registration District No. 165
Township Jefferson Primary Registration District No. 5230
City Jefferson (No. _____) St. _____ Ward _____

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 0 7

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

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) Dunnigan Mo Cedar Co. Mo

13. NAME Joey Strange

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunnigan Mo Cedar Co. Mo

15. MAIDEN NAME Lona Bell Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dick Co Mo

17. INFORMANT Joey Strange (ADDRESS) Dunnigan Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Adair DATE 6/11 1933

19. UNDERTAKER White Ewins & Walker (ADDRESS) Dunnigan Mo

20. FILED July 1933 E. S. Smith Registrar. Mary Boyless

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933, to June 10 1933

I last saw him alive on June 10 1933 Death is said to have occurred on the date stated above, at 10:28 a.m.

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

Acute Gastroenteritis & indigestion

1193 1197

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholesterol Was there an autopsy? Yes

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) Chas H Brewer M. D.

(Address) 701 1/2 Play - 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.

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