

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

Do not use this space.

37486

1. PLACE OF DEATH

County Greene
Township Ree
City Ree (No. _____)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 96
St. _____ Ward _____

2. FULL NAME

William S. Brewster
(a) Residence, No. Ree 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evel Brewster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 11 28

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Retieman
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) Ree mo

MOTHER FATHER 13. NAME Charles W. Brewster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ree mo

15. MAIDEN NAME Louise Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Mr. C. W. Brewster (ADDRESS) Ree mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia DATE 11-19 1933

19. UNDERTAKER (ADDRESS) Ree mo

20. FILED Nov. 14, 1933 Joe. F. Cyers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 10 1933 to Nov 13 1933

I last saw him alive on Nov 12, 1933 Death is said to have occurred on the date stated above, at 3:50 a.m.

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

Acetaturia

Date of onset 11-9-33

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? Y

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? Y

If so, specify _____

(Signed) S. L. Mitchell M. D.

(Address) Ree mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2

