

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

Do not use this space.

21670

1. PLACE OF DEATH

County St. Francois Registration District No. 774
 Township St. Francis Primary Registration District No. 4465
 City Flat River, Mo. (No. _____ St. _____ Ward _____)

File No. 100

Registered No. _____

2. FULL NAME

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

Length of residence in city or town where death occurred 17 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1917

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 5 18

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River, Mo.

13. NAME Miss J. J. Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Mo.

15. MAIDEN NAME Myrtle Hicks - Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hick Chapel, Mo.

17. INFORMANT (ADDRESS) Miss Anna Brewer (Sister) Flat River - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View - Farmington, Mo. DATE June 29, 1934

19. UNDERTAKER (ADDRESS) Alvin P. Hood Flat River - Mo.

20. FILED 6-30 1934 G. B. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1934

22. I HEREBY CERTIFY That I attended deceased from June 26, 1934, to June 26, 1934. I last saw h. er alive dead when arrived 9:35 p.m. Death is said to have occurred on the date stated above, at 8 P. m.

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

11.9.34
93
191
67
Myocarditis - toxemia

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

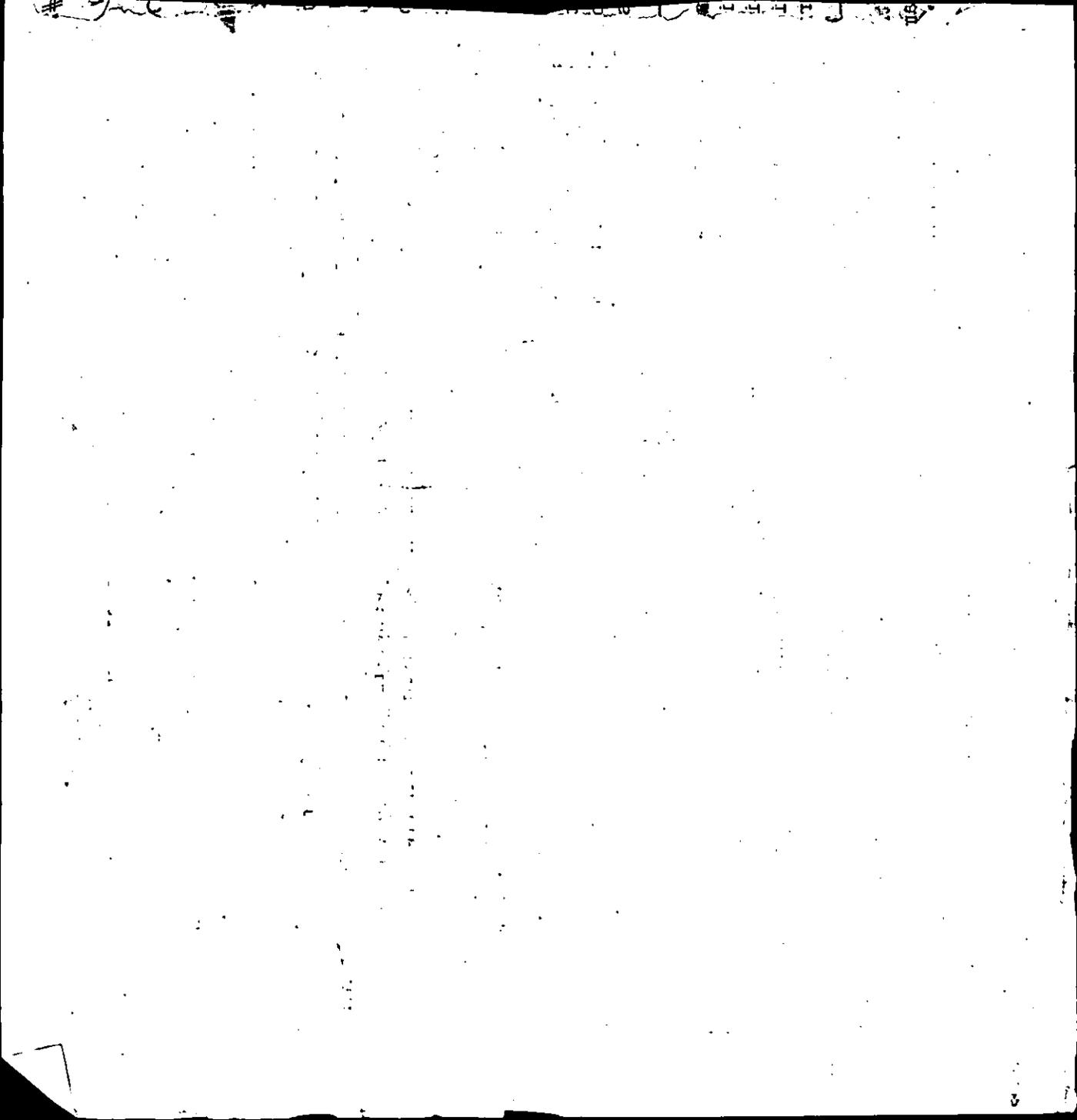
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) W. A. Kellberg D.O.
 (Address) Flat River, Missouri



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

100

Dear Sir:

It is essential that death certificates 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: Miss Beulah E. Breun
Who died at Flat River on June 26 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 17 Months 5 Days 18

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 deceased last worked at this occupation: Month Jan Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Myocarditis Japonica
Doctor states it was due to toxicities

Other contributory causes of importance _____

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 _____

Signature of Registrar E. J. Mc Gaugh M.D.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 774

Very truly yours,
E. J. Mc Gaugh M.D.
S.A.

Primary Reg. Dist. No. 4465

Special Agent.

REPLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
AGREEMENT should be stated EXACTLY PHYSICIAN SIGNATURE

#2

J. J. J. J.

S-21670