

OCT 29 1934

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

Do not use this space.

34934

1. PLACE OF DEATH

County Andrew
Township Summerville
City Summerville (No.)

Registration District No. 1167
Primary Registration District No. 4688

File No.
Registered No.
St. Ward

2. FULL NAME

Robert Joe Brewer

(a) Residence. No. 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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-23-86

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Perfect
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Summerville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Brewer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay Co
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Alma Brewer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perkins
(STATE OR COUNTRY) Mo

14. INFORMANT Wm Brewer
(Address) Summerville

15. FILED 9-4-34 5911 Coy

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-4-1934

17. I HEREBY CERTIFY, That I attended deceased from 9-15-1934 to 9-4-1934 that I last saw him alive on 9-2-1934, and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial infarction

CONTRIBUTORY (SECONDARY)

HA (duration) yrs. mos. ds. 19

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. A. Brewer M. D.

9-4-1934 (Address) Summerville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Perkins

9-5-1934

20. UNDERTAKER

ADDRESS

Brownell Truck Co

Summerville

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.

