

MAR 17 1936

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

Do not use this space.

9915

1. PLACE OF DEATH

County CrawfordRegistration District No. 229Township SpringPrimary Registration District No. 5211City Sullivan (No.)File No. Registered No. St. Ward

2. FULL NAME

(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 55 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Brewer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 18817. AGE YEARS 55 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming 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) Sullivan MissouriFATHER 13. NAME John Henry Brewer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo MoMOTHER 15. MAIDEN NAME Susan West16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo17. INFORMANT (ADDRESS) Lillie Brewer Sullivan, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE DATE March 3, 193619. UNDERTAKER (ADDRESS) Chas. Shaffer Sullivan, Mo20. FILE 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1935 to March 1, 1936I last saw alive on March 1, 1936 Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Carcinoma glands 1935neckOther contributory causes of importance: weak to firm originName of operation removal of glands Date of 9/10/35What test confirmed diagnosis Was there an autopsy? No23. 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? NoIf so, specify (Signed) , M. D.(Address) Sullivan 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.

OCT 3 1954