

REC'D APR 18 1938

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

11717
Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 660
(b) Township Central Primary Registration District No. 7878
(c) City..... (d) Street No..... Registered No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Cecilia Brewer 660
(a) Residence, No. R. F. D. # 3 Berryville Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Brewer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Berry County, Mo.
(STATE OR COUNTRY)

13. NAME William Brewer

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

15. MAIDEN NAME Elizabeth Hagan

16. BIRTHPLACE (CITY OR TOWN) Berry County, Mo.
(STATE OR COUNTRY)

17. INFORMANT Robert J. Brewer
(ADDRESS) Berryville Mo. R. F. D. # 3.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery DATE March 29, 1938

19. FUNERAL DIRECTOR (NAME) Bey Funeral Home
(ADDRESS) Berryville, Mo.

20. FILED Mar 28, 1938 Joe J. Zollner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1938.

22. I HEREBY CERTIFY That I attended deceased from 3-10 to March 26, 1938
I last saw her alive on March 18, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation Date of onset Sudden

Other contributory causes of importance: Chronic Myocarditis, 2 years

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify Osbert Carson, M. D.
(Signed).....

(Address) Berryville, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Albert H. Berg

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Albert H. Berg

Licensed Embalmer No. *3866*

P. O. Address *Perryville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.