

REC'D APR 18 1939

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

Do not use this space.

11881

1. PLACE OF DEATH

County Pettis Registration District No. 670
Township Bowling Green Primary Registration District No. 5893
City Beaman Mo. (No. R # 1.)

File No.
Registered No.
St. Ward)

2. FULL NAME 663 Daniel L. Brereton

(a) Residence, No. Beaman Mo. R # 1. St. Ward.

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Brereton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 1/4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo.

13. NAME Fred Brereton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Ellen Elliott

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

17. INFORMANT Mrs. D. L. Brereton (ADDRESS) Beaman Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cem. DATE March 21, 1939

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED Mar 22 1939 Ilossie Ferguson Registrar. 606

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939, 19

22. I HEREBY CERTIFY That I attended deceased from June 1 1938 to March 18 1939
I last saw him alive on March 17 1939. Death is said to have occurred on the date stated above, at 11 P m.

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

Carcinoma of Intestine

Other contributory causes of importance: Ho

Name of operator Symphony & Sons Date of Yes
Was there an autopsy? Yes

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 Ho

24. Was disease or injury in any way related to occupation of deceased? Ho
If so, specify E. E. Holton M. D.
(Signed) Smith (Address) 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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/11/39