

REC'D JUN 21 1938

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

19112
Do not use this space.

1. PLACE OF DEATH

(a) County Baker Registration District No. 5-0-6
 (b) Township Baker Primary Registration District No. 5-6-71 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 660 Henry Wilson Brewer St. Three Easton P.F.D. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
 10. Date deceased last worked at this occupation (month and year) 7-7-37 11. Total time (years) spent in this occupation 50 yrs

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

FATHER 13. NAME William Jefferson Brewer

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

MOTHER 15. MAIDEN NAME Amanda Barbey

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

17. INFORMANT (ADDRESS) Emery Brewer Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerport Iron DATE May 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Deerport Iron Funeral Service Deublin, Mo.

20. FILED May 28, 1938 Gertrude Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 26 - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart
956
 Date of onset _____
 Other contributory causes of importance: Coronary Vein

Name of operation _____ 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. in field of H.C. Jones
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Not Guay M. D.
W. C. Jones Co.

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.

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,

....., or by

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

Signed.....

Licensed Embalmer No. *4037*

P. O. Address *Bucklin, 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.