

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

**28260**  
Do not use this space.

1. PLACE OF DEATH *Clark* 2  
 (a) County *Madison* 0 Registration District No. *190*  
 (b) Township *Madison* 0 Primary Registration District No. *5264* Registered No. *26*  
 (c) City ..... (d) Street 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 *1660 (unnamed)*  
 (a) Residence, No. .... 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 *✓*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *✓*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 30, 1940*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. *30 min.*

OCCUPATION  
 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.  
 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) *Revere Mo. 0*

FATHER  
 13. NAME *Lawrence Brewer*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bushnell Illinois*

MOTHER  
 15. MAIDEN NAME *Hazel Courtney*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Revere Mo. 0*

17. INFORMANT *Lawrence Brewer*  
 (ADDRESS) *Revere mo.*

18. BURIAL PLACE *Hakoka Mo.* DATE *July 31, 1940*

19. FUNERAL DIRECTOR *E. W. Apperhart*  
 (ADDRESS) *Revere Mo.*

20. FILED *9/10* 1940 *J. R. Rindis*  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30, 1940*  
 22. I HEREBY CERTIFY, That I attended deceased from *July 30th* 1940 to *July 30th* 1940  
 I last saw him alive on *July 30, 1940* Death is said to have occurred on the date stated above, at *1:15 P. m.*  
 The principal cause of death and related causes of importance were as follows:

*Premature*  
*6 1/2 months (approx)*

Other contributory causes of importance:  
*15 H*

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.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify *Grace L. Gray M.D.*  
 (Signed) *174* (Address) *Hakoka, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

30M-7-20-37 I X12004

FILED SEP 19 1940

RECEIVED

District Health Officer No. 10

District File Number 9-40-1800

Date Filed SEP 18 1940

STATEMENT BY LICENSED EMBALMER

I, G. H. Epperhart

Licensed Embalmer No. 1802

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed G. H. Epperhart

Licensed Embalmer No. 1802

**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.)**