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

Do not use this space.

37741

1. PLACE OF DEATH
County: Pemiscot
Township: Little Prairie
City: ~~Caruthersville~~ (No. ..... St. ..... Ward)
Registration District No.: 651
Primary Registration District No.: 5862
File No.:
Registered No.: 183

2. FULL NAME: Waldron Brewer

(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 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: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Not Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 30 - 1911

7. AGE: Years 16 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer): Cunningham Farm
(c) Name of employer: N. B. Wolf.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: William Brewer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mississippi
12. MAIDEN NAME OF MOTHER: Lizzie Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Mississippi

14. INFORMANT: William Brewer
(Address): Route 3 Caruthersville Mo.

15. FILED: Dec. 28, 1927 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec - 23 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 12 20, 1927, to 12 20, 1927 that I last saw him alive on 12 20, 1927, and that death occurred, on the date stated above, at 4 40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
38
5
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): —
— (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF: —
WAS THERE AN AUTOPSY? no —
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) J. R. Gossard, M. D.
Dec. 24, 1927 (Address) Caruthersville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Masar Cemetery
DATE OF BURIAL: Dec - 24 1927

20. UNDERTAKER: Relatives
ADDRESS: Caruthersville 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.