

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

Do not use this space.

3802

APR 21 1928

**1. PLACE OF DEATH**

County Wagon Registration District No. 875  
 Township Washington Primary Registration District No. 6162  
 City St. Louis (No. ....) St. .... Ward)

File No. ....  
 Registered No. 29

**2. FULL NAME**

Man Brewer  
 (a) Residence No. State Hosp #3 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. 2 mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

female | white | widowed

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

unknown about 1855

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

Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.

about 75 | 12 | 12 | 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work unknown  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) U.S.

**10. NAME OF FATHER**

unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**14.**

INFORMANT State Health Record  
 (Address) Nevada 112no

**15.**

FILED 2-29-28 C. R. King  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Jan 11, 1928

and that I last saw him alive on Jan 11, 1928, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterial Hemorrhage  
 (duration) yrs. .... mos. .... ds.

CONTRIBUTORY Arteriosclerosis  
 (SECONDARY)

unknown (duration) yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) E. H. Coan, M. D.

1/11, 1928 (Address) Nevada 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** | **DATE OF BURIAL**

Keokville Mo. | Jan 22 1928

**20. UNDERTAKER** | **ADDRESS**

Allen V. Hayes Nevada 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.

