

MAR 21 1928

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

Do not use this space.

1. PLACE OF DEATH

County Denny  
Township Saline  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 660  
Primary Registration District No. 5825A

File No. 11 5851  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Helen Frances 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

Female

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

wife of Joseph Brewer

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

Aug 15 - 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

72

6

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

house wife

(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)

Denny Co.

10. NAME OF FATHER

Nedy Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

U.S.A.

12. MAIDEN NAME OF MOTHER

Helen Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

U.S.A.

14.

INFORMANT

(Address)

Joseph Brewer  
Brewer, Mo

15.

FILED

2/29/28

Geo. J. Meeker  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2 - 23 19 28

17.

I HEREBY CERTIFY, That I attended deceased from Nov 15 - 27, 1927, to Feb 23, 1928 that I last saw alive on Feb 21, 1928, and that death occurred, on the date stated above, at 5-3 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cancer of Liver

462

CONTRIBUTORY (SECONDARY)

44 B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. L. G. Felt  
Jerry Felt, Mo

(Address) 2-23, 19 28

\*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

Mount Hope Cem.

2-25 19 28

20. UNDERTAKER

Jellman & Spang

ADDRESS

Perryville Mo

RECORDS OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

