

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Wickerson
City Lewis town Mo (No. _____)

Registration District No. 482
Primary Registration District No. 564

File No. 13922
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 lye 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Clark Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Brewer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth E. Simpson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT Mrs Martha Brewer
(Address) Lewis town Mo

15. FILED _____, 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 17 1928, to Apr. 17 1928.
that I last saw him alive on Apr. 17 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of left kidney - believed to be
SIA
49 (duration) 1 yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY) 49 (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. Physical symptoms and urinalysis
(Signed) W. D. Skofeld, M. D.
, 19 (Address) Lewis town 7770

*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 Lewis town Cent. DATE OF BURIAL 4/19/1928

20. UNDERTAKER James A. Coder ADDRESS Lewis town Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms. PHYSICIANS SHOULD STATE N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

PHYSICIANS should state
ADDITIONAL INFORMATION:

AGGREGATED should be stated
Professional classification

HTAMC
ADDITIONAL INFORMATION

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Lewis
Township
City Lewistown (No.) St. Ward)

Registration District No. 784 482 File No.
Primary Registration District No. 42705646 Registered No.

2. FULL NAME William Stout Breen

(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 Life yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV 22 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 | 4 | 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clark Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Breen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Elizabeth E. Simpson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Martha Breen
(Address) Lewistown Mo

15. FILED 4/20/28 19... Chas O'Connell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 19 28

17. I HEREBY CERTIFY That I attended deceased from Apr 1 1928 to Apr 17 1928 that I last saw him alive on Apr 17 1928, and that death occurred, on the date above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left kidney - believed to be
(duration) 1 yrs. 17 mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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? Physical symptoms and examination.
(Signed) V. B. Schfield, M. D.

(Address) Lewistown 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 Lewistown Cem. DATE OF BURIAL 7/19 1928

20. UNDERTAKER James a Coder ADDRESS Lewistown Mo.

on should be carefully applied. SE should be stated EXACTLY. PHYSICIAN should state in terms, so that it may be properly ascribed. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW N. E. - EVO CAUSE OF

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Supplemental

5-13922