

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

Do not use this space.

2435

1. PLACE OF DEATH

County Marion
Township Belle
City Belle (No.)

Registration District No. 341
Primary Registration District No. 4321

File No.
Registered No.
St. Ward)

2. FULL NAME

Nancy Brewer

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred all her life yrs. 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND~~ or (OR) WIFE of John Brewer

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

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, ... hrs. or min.

77

3

20

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

Home work

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

St Louis MO

10. NAME OF FATHER

Alex. Smith

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

St Louis MO

12. MAIDEN NAME OF MOTHER

Mary E. Bowman

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

St Louis MO

14. INFORMANT (Address)

J.W. Swann
Frank State MO

15. FILED

Mar 10 1929
Buye Matthews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 13 1929

17.

I HEREBY CERTIFY That I attended deceased from Jan 7 1929 to Jan 13 1929
that I last saw him alive on Jan 10 1929 and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Coma
(Chronic Nephritis)

CONTRIBUTORY (SECONDARY)

Chronic Nephritis
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

1890
1928
IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. E. Spurgeon, M. D.
(Address) Red Bird 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

Oak Forest

1/14 1929

20. UNDERTAKER

ADDRESS

Louis Tenecke

St Louis

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.

MAR 20 1929

ago, which affected her entire left
side.