CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state 1929 79

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

Do not use this space.

25426

1. PLACE OF DEATH

County Perry — Registration District No. ~~5875~~ 660 — File No. 39

Township Saline — Primary Registration District No. 5875A — Registered No.

City Brewer Cat. (No. ..... St. ..... Ward)

2. FULL NAME Joseph T. Brewer

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Jos. T. Brewer, dec'd.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 15, 1857

7. AGE: Years 71 — Months 7 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Perry Co. Mo

PARENTS

10. NAME OF FATHER: Mathews Brewer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo
12. MAIDEN NAME OF MOTHER: Rosan Layton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo

14. INFORMANT: Mrs. Mary C. Brewer
(Address) Perryville, Mo. R 4

15. FILED 7/17, 1929 Geo. J. Merker, Registrar
Jon Merker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-17-29 19

17. I HEREBY CERTIFY, That I attended deceased from 12-10-29, 19 ..., to 7-17-29 19 ..., that I last saw him alive on July 9-29, 19 ..., and that death occurred, on the date stated above, at 4-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dropsy

952 (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 908 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. L. Feltz, M. D
7-17, 1929 (Address) Perryville 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: Mount Hope Cem — DATE OF BURIAL: 7-18 1929

20. UNDERTAKER: Zoellner Young Ved — ADDRESS: Perryville Mo