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

Do not use this space.

40690

1. PLACE OF DEATH

County Jackson — Registration District No. 35 — File No. 5035

Township Kan — Primary Registration District No. — Registered No.

City Kansas City (No. Kansas City Genl Hosp. St. Ward)

2. FULL NAME Brewer Edwin

(a) Residence. No. 2740 Askew St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-19-1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70		21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Nursery Sales Man
(b) General nature of industry, business, or establishment in which employed (or employer) D. S. Lake Co. at
(c) Name of employer Charlotte Iow

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

PARENTS

10. NAME OF FATHER John Wm Brewer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know
12. MAIDEN NAME OF MOTHER Mary Ann Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Record Clerk
(Address) K. C. Genl Hosp

15. FILED 12/11, 1929 M. M. Crowe REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-10 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-16, 1929, to 12-10, 1929 that I last saw him alive on 12-10, 1929 and that death occurred, on the date stated above, at 6:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized Arterio Sclerosis
7.7 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9.16 (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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin Find & Autopsy
(Signed) P E Williams, M. D.
12-11, 1929 (Address) Gen Hospt Mo KC

*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
Mt St Mary Cem	Dec. 13 1929
20. UNDERTAKER	**ADDRESS**
A. P. Doehler	1415 E 15

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD