

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

Do not use this space.

341-2 B

**1. PLACE OF DEATH**

County Caldwell  
Township Lincoln  
City Cowgill (No. ...., ...., ....)

Registration District No. 95  
Primary Registration District No. 5141

File No. 1  
Registered No. 1  
St. .... Ward

**2. FULL NAME Elizabeth 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 7 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) Widow

5A. IF MARRIED, WIDOWED, ~~SEPARATED~~ WIFE OF W. J. Brewer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8 10, 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
88 4 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(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) Missouri.

PARENTS

10. NAME OF FATHER A. J. Amick  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
12. MAIDEN NAME OF MOTHER Elizabeth Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Mrs. Geo. Harris (Address) Cowgill, Mo.

15. FILED 1/13 1930 G. B. Cowley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/12/30. 19

17. I HEREBY CERTIFY, That I attended deceased from Nov-28, 1929, to Jan-12, 1930 that I last saw her alive on Jan-11, 1930, and that death occurred, on the date stated above, at 9:00 a.m. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic nephritis  
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**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) O. K. Kilbourn, M. D.

Jan-12 1930 (Address) Cowgill, Mo.

\*State the DISEASE CAUSING DEATH, or to 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

Keytesville, Mo. 1/13/30.<sup>19</sup>

20. UNDERTAKER ADDRESS Braymer, Mo.

B. F. Mead

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.

