

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

Do not use this space.

28813

1. PLACE OF DEATH

County Schuyler

Registration District No. 806

Township Peppie

Primary Registration District No. 64485

City Queenscity Mo. (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME Mr D. S. Brower

(a) Residence. No. Queenscity Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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)

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31st 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

6

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret. Tired Merchant

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

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) State Of Missouri

10. NAME OF FATHER William Brower

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kintucky

12. MAIDEN NAME OF MOTHER Sarah Rhodes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT Mrs. D. S. Brower

(Address) Queenscity Mo.

15.

FILED 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1 1928, to Aug 16 1930 that I last saw him alive on Aug 17 1930 and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart lesion and
kidney lesion

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heart lesion

(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

..... (NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS General autopsy

(Signed) B. W. Oke, M. D.

, 19 (Address) Queenscity 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

Queenscity Aug 18 1930

20. UNDERTAKER

ADDRESS

Wm. J. West Queenscity

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.

1930

