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

Do not use this space.

2649

1. PLACE OF DEATH
County St Francois — Registration District No. 33 — File No.
Township Randolph — Primary Registration District No. 6024 B. — Registered No. 4
City Leadwood (No. ..... St. ..... Ward)

2. FULL NAME Joseph 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

FEB 11 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 13-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	1	21	

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

PARENTS
10. NAME OF FATHER: Jos. Brewer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Otis Brewer
(Address) Leadwood Mo

15. FILED 1/4, 1931 W E Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1930, to Jan 4, 1931 that I last saw him alive on Jan 1 - 1931, and that death occurred, on the date stated above, at 2 40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Haemorrhage
23A
22B
..... (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY): Tuberculosis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Unknown
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. B. Lester, M. D.
1-4-, 1931 (Address) Desloge 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: Leadwood Mo — DATE OF BURIAL: Jan 5 1931

20. UNDERTAKER: J S Boyer — ADDRESS: Leadwood