MAR 25 1931

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

Do not use this space.

6208

File No.

Registered No. 24

1. PLACE OF DEATH

County: Linn

Registration District No. 496

Primary Registration District No. 3025

Township

City: Brookfield (No. 202, S. Clayton St. 4 Ward)

2. FULL NAME: Wm. Virgil Dewey

(a) Residence, No. 202 S. Clayton St., 4 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: 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~~: Gorda Dewey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-13-1883

7. AGE: Years 48 Months 0 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Car repairer for C.B.&Q.

10. Date deceased last worked at this occupation (month and year): 6-1-1930

11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedford Mo

FATHER

13. NAME: John Dewey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know Virginia

MOTHER

15. MAIDEN NAME: Jane Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know Illinois

17. INFORMANT (ADDRESS): Mrs Gorda Dewey Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wheeling Mo DATE 2-23, 1931

19. UNDERTAKER (ADDRESS): C. W. Hill Brookfield Mo

20. FILED Feb 23, 1931 Bessie M. Fore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-21-, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/16, 1931, to 2/21, 1931

I last saw him alive on 2/21/31, 19.... Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1(a) Septicemia	
(b)	
(c)	
2 8 hrs. duration	2/21/31
Other contributory causes of importance:	
Tonsilitis - Swelling left cervical & upper part of thro.	2/16/31

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jno. T. McCamp, M. D.

(Address) Brookfield, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township — Primary Registration District No. 3025 — Registered No.

City Brookfield (No. , St. Ward)

2. FULL NAME Wm V Dewey

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-13-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	47	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Cordell Dewey

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS) Brookfield

20. FILED 3-20 1931 Bessie M. Fore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

WRITE PLAINLY, ... PERMANENT RECORD

... item of information should be carefully supplied. AGE should ... ACTLY. PHYSICIANS should state ... DEATH in plain terms, so that it may be properly classified. ... of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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