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

Do not use this space.

7204

1. PLACE OF DEATH
County: Worth — Registration District No.: 905
Township: Allen — Primary Registration District No.: 6216
City: Allendale Mo. (No. ..... St. ..... Ward)

File No.:
Registered No.:

2. FULL NAME: Ethel Mae Bremit

(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 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 30 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: Charley Bremit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11, 1881

7. AGE: Years 50 — Months 3 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year): Jan. 1932
11. Total time (years) spent in this occupation: 29

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

FATHER
13. NAME: A. J. Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Missouri

MOTHER
15. MAIDEN NAME: Katie A. Lothian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Homer Bremit, Allendale, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Allendale Cem. DATE: March 1, 1932

19. UNDERTAKER (ADDRESS): Arch C. Dunlee, Grant City, Mo.

20. FILED: Mar 10, 1932 Maye Long, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, to Feb. 28, 1932.
I last saw her alive on Feb. 27, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia regurgitation	1928
72A	

Other contributory causes of importance:

(1)

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) B. J. Ross, M. D.
(Address) Gravity 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