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

Do not use this space.

1. PLACE OF DEATH
County Oregon — Registration District No. 632 — File No. 23583
Township Thayer — Primary Registration District No. 4382 — Registered No.
City Thayer (No. , St. Ward)

2. FULL NAME Jo Ann 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female — 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 William H. Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5-1850

7. AGE — YEARS 81 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeping
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 13

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

FATHER
13. NAME Washington Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Ashley Brewer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Davis Cem DATE Aug 1, 1932

19. UNDERTAKER (ADDRESS) Neighbors

20. FILED Aug 9, 1932 C. Rhea Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to July 28, 1932
I last saw her alive on July 23, 1932. Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poison and paralysis	

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) H S Morris M. D.
(Address) Mammoth Spr Ark

AUG 25 1932

The doctor attending
this patient said
he had paralysis
that all he knew -
and I so know
nothing about the
case

July 31 - 1932

S (2) #23583

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon ..... Registration District No. 632 ..... File No. .....

Township ..... Primary Registration District No. 4 382 ..... Registered No. .....

City Thayer ..... (No. ..... St. ..... Ward)

2. FULL NAME Jo Ann 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

OCCUPATION

8. Trade, pro[illegible] kind of w[illegible] sawyer, [illegible]

9. Industry [illegible] 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 (CI[illegible] (STATE OR COUNT[illegible]

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) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19....

19. UNDERTAKER (ADDRESS) .....

20. FILED Aug 9, 1932 C. Rhea
Registrar

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

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and paralysis	

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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

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