

NOV 25 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32913

1. PLACE OF DEATH

65- County Mercer
 1 Township Marion
 1 City Mercer Mo (No. _____)

Registration District No. 553
 Primary Registration District No. 4325-

File No. _____
 Registered No. 20
 St. _____ Ward) _____

2. FULL NAME

Francis Marion 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 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 Mary Brewer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1-1844
 7. AGE YEARS 88 MONTHS _____ DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME William Brewer

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

MOTHER 15. MAIDEN NAME Prinie Fox. Quinn

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

17. INFORMANT Frank E. Gidner (ADDRESS) Republican Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burials Mtn Co DATE 10/14 1932

19. UNDERTAKER Chas E. Schoof (ADDRESS) 101 E. 1st St. Mercer Mo

20. FILED 10/19 1932 Mary O. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1932 to Oct 18 1932
 I last saw him alive on Oct 17 1932 Death is said to have occurred on the date stated above, at 9:18 A.M.
 The principal cause of death and related causes of importance were as follows:

10 A
Thrombosis in femoral vein
 Other contributory causes of importance:
Old age
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? (1) 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?

If so, specify (1) E. Royall

(Signed) _____, M. D.

(Address) Linnville Iowa

