

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

Do not use this space.

34981

1. PLACE OF DEATH

16 County Loafe Guardian Registration District No. 125
 1 Township " Primary Registration District No. 2009
 8 City " (No. So E. Mo. Hospital) St. _____ Ward _____

File No. _____
 Registered No. 266
 St. _____ Ward _____

2. FULL NAME

Robert B. Brewer
 (a) Residence, No. 32.5 Rear So Spanish 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 2 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Labour
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23?
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5 1932
 I HEREBY CERTIFY, That I attended deceased from Oct 3 24 1932 to Nov 5 1932
 I last saw him alive on Nov 5 1932 Death is said to have occurred on the date stated above, at 10:0 m.
 The principal cause of death and related causes of importance were as follows:

34
Syphilis
 Other contributory causes of importance: (1)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loafe Guardian
 FATHER 13. NAME Robert Brewer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. ?
 MOTHER 15. MAIDEN NAME Maggie Shy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loafe Guardian Mo
 17. INFORMANT Mrs. Robert Brewer
 (ADDRESS) Loafe Guardian Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount DATE Nov 6 1932
 19. UNDERTAKER Walthus Und. Co
 (ADDRESS) Loafe Guardian Mo
 20. FILED 11/7 1932 W. C. Thompson Registrar

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1932
 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) W. C. Thompson M. D.
 (Address) Loafe Guardian Mo

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

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.

