

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

Do not use this space.

36273

1. PLACE OF DEATH

County Lawrence

Registration District No. 1050

Township Mount Pleasant

Primary Registration District No. 5635

City Pierce City

(No. 7 1/2 Miles North of City)

File No. 12

Registered No. _____

St. _____ Ward _____

2. FULL NAME Benjamin F. Brewor

(a) Residence, No. 7 1/2 Miles north of Pierce City 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 Evelyn Brower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 20 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 23

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

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) Sept. 1932 11. Total time (years) spent in this occupation Life

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

13. NAME Amos Brewer

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

15. MAIDEN NAME Frances Beavers

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

17. INFORMANT Alca Brewer (ADDRESS) Pierce City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Schooling Cem DATE II. 14. 32 19

19. UNDERTAKER Tracy J. Barry (ADDRESS) Pierce City Mo

20. FILED Nov 14 1932 J. E. Goodman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan. 16 1927 to Nov. 13 1932
I last saw him alive on Oct. 29 1932 Death is said

to have occurred on the date stated above, at B. J. O. Co.
The principal cause of death and related causes of importance were as follows:

Cystitis (Prostatic)
(Hypertrophy)
Date of onset 1931

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____ M. D.
(Signed) E. B. K. [Signature]
(Address) Pierce City 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 EMPHASIS ON THE OCCUPATION RECORD

