

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

Do not use this space.

41118

1. PLACE OF DEATH

County Lusk
Township Union
City Lison (No. _____, _____ St. _____ Ward)

Registration District No. 711
Primary Registration District No. 3940

File No. _____
Registered No. 22

2. FULL NAME Moses Brewett

(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

MEDICAL CERTIFICATE OF DEATH

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 Sophia C. Brewett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/11/1892

7. AGE YEARS 60 MONTHS 2 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Moses Brewett

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Margaret Patton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Sophia C. Brewett

18. BURIAL, CREMATION, OR REMOVAL PLACE Lisgah DATE Dec. 29, 1932

19. UNDERTAKER (ADDRESS) Fred H. Gilbert Lison Missouri

20. FILED 12 30 1932 A. Dick Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-24-1932 to 12-28-1932

I last saw him alive on 12-29-1932 Death is said

to have occurred on the date stated above, at 1091 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____

Other contributory causes of importance: Influenza ①

Name of operation _____ Date of _____

What test confirmed diagnosis? Ex. A. 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 _____

(Signed) W. G. Bridges, M. D.

(Address) Dixon, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

85-
2077 1932

