

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Poplar
Township Phinton
City Phinton (No. _____)

Registration District No. 751
Primary Registration District No. 5-988

File No. 11
Registered No. 1129
St. _____ Ward _____

2. FULL NAME

Ever Clarence Melburn Brewer

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode) Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>D</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24, 1908</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>9</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poplar Bluff, Mo. Ark-6</u>		
13. NAME <u>Lee Brewer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aracoppe, Mo.</u>		
15. MAIDEN NAME <u>Fula Butler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Lee Brewer, P.O. Poplar Bluff, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arma Chapel</u> DATE <u>12-7-32</u>		
19. UNDERTAKER (ADDRESS) <u>Greer Undertaking Co, Poplar Bluff, Mo.</u>		
20. FILED <u>2/10</u> 19 <u>32</u> <u>H. E. White</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/30 to 12/5, 1932
I last saw him alive on 12/3, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 14 ds

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? symptoms 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) F. S. Clay, M. D.
(Address) Poplar Bluff, Mo.

SUPPLEMENTARY

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

S-41266

1. UNP