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

Do not use this space.

4645

1. PLACE OF DEATH

County _Audrain_
Township _Ballterford_
City _Mexico Mo._ (No. _____)

Registration District No. _26_
Primary Registration District No. _3002_

File No. _____
Registered No. _35_
St. _____ Ward.

2. FULL NAME _Mrs. Permelia Brewer_

(a) Residence, No. _Nth Washington_ St., 1 ____ Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Female_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Widow_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND of (OR) WIFE of _Frank Brewer_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Apr. 5 - 1847_

7. AGE YEARS _85_ MONTHS _10_ DAYS _13_ If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

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

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 _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Audrain Co., Mo._

13. NAME _Stewart_

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

MOTHER

15. MAIDEN NAME _Unknown_

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

17. INFORMANT (ADDRESS) _Mrs. Edith Fox_
Houston Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE _Mexico Mo_ DATE _Feby 21 - 1933_

19. UNDERTAKER (ADDRESS) _McPheeters Bros_

20. FILED _Feby 20- 1933_ _Ira S. Milligan_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _2-18- 1933_

22. I HEREBY CERTIFY, That I attended deceased from _1-25_, 1933, to _2-18- 1933_

I last saw her alive on _2-17- 1933_. Death is said to have occurred on the date stated above, at _5 30_ m.

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

Date of onset

Apoplexy

Other contributory causes of importance:

Broncho pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _Clinical_ 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) _Frank Jolley_ , M. D.

(Address) _Mexico, Mo._