

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

Do not use this space.

27065

1. PLACE OF DEATH

County Mississippi Registration District No. 567
 Township East Prairie Mo. Primary Registration District No. 4334
 City East Prairie Mo. St. _____ Ward _____

2. FULL NAME

(a) Residence, No. B. F. Brewer St. _____ Ward _____
 (Usual place of abode) Dorena, Mo. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 18 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Fulton Co. Mo.

13. NAME W. P. Brewer

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

15. MAIDEN NAME Ida Ward

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

17. INFORMANT W. P. Brewer Dorena, Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon, Tenn. DATE Aug 25, 1933

19. UNDERTAKER James N. Shelby
 (ADDRESS) East Prairie, Mo.

20. FILED Aug 24, 1933 W. P. Hodges
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933 to Aug 24, 1933
 I last saw him alive on Aug 24, 1933 Death is said to have occurred on the date stated above, at 7 P. M.
 The principal cause of death and related causes of importance were as follows:

Diphtheria Date of onset Aug 24
10 10
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 D. P. Martin, M. D.
 (Signed) _____ (Address) E. Brewer Mo.

N. B.—Every item of information should be carefully supplied. Any amount of space may be used to give a full and complete statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

