

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUL 10 1934

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

Do not use this space.

1. PLACE OF DEATH  
 County Oregon Registration District No. 20 6297  
 Township Myrtle Primary Registration District No. 635  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Norman Brewer  
 (a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 21350  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-31-1934

7. AGE - YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>5-31-1934</u>		<u>25</u>	

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) Sharp County, Ark.

13. NAME Rolph Brewer

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

15. MAIDEN NAME Nellie Young

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Walnut grove DATE 6-25-1934

19. UNDERTAKER (ADDRESS) none

20. FILED 6-26 1934 J. J. Harpole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ✓ 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
no Dr used  
1934  
500

Other contributory causes of importance \_\_\_\_\_

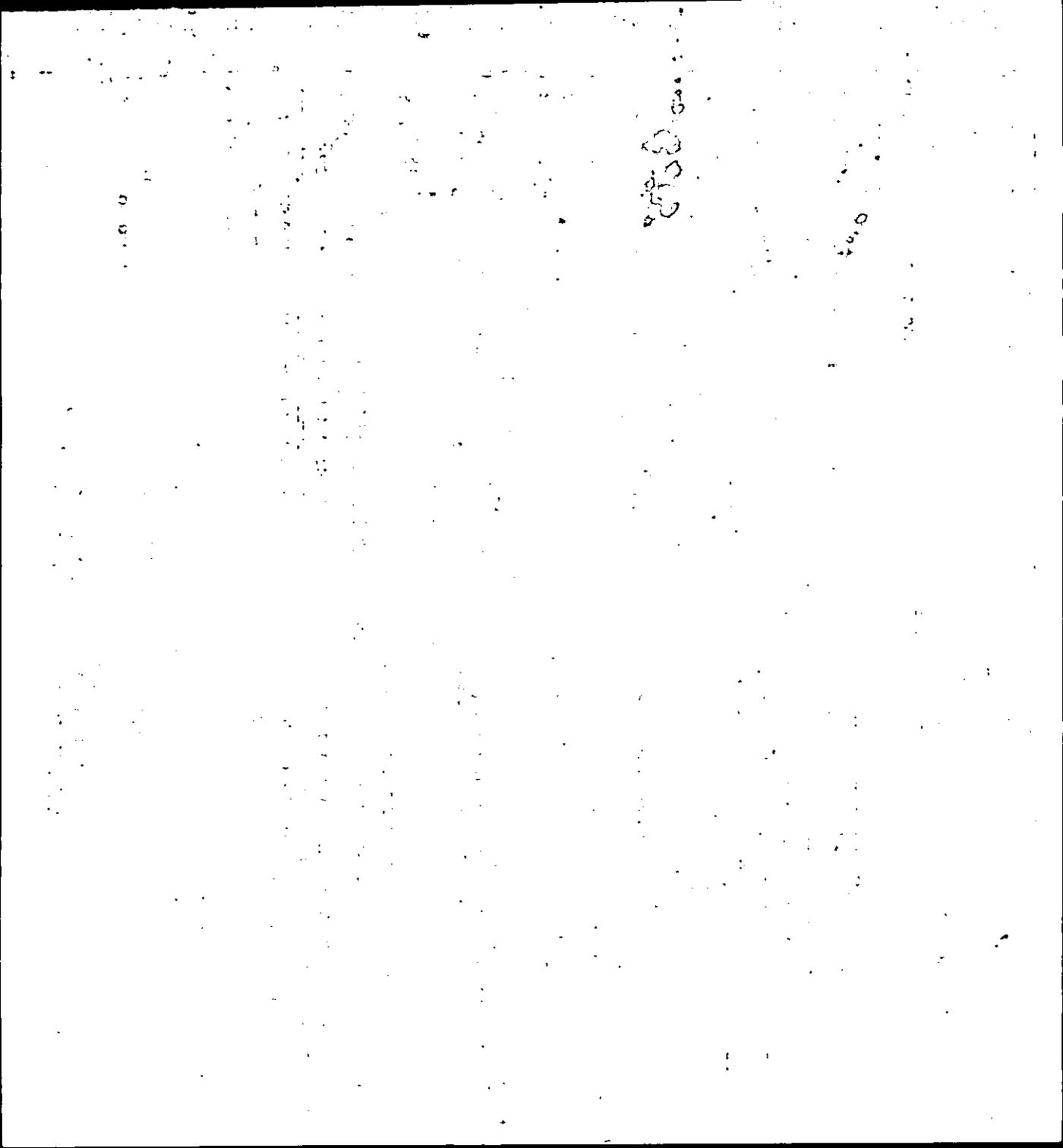
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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 \_\_\_\_\_  
 (Signed) ✓ \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_



**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 Oregon  
Township.....  
City..... (No..... St..... Ward)

Registration District No. 635  
Primary Registration District No. 6277

File No.....  
Registered No.....

**2. FULL NAME**

Harmon Brewer

(a) Residence, No..... St..... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 1<sup>st</sup> 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
               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) Sharp County, Mo.

13. NAME Ralph Brewer

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

15. MAIDEN NAME Nellie Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon County, Mo.

17. INFORMANT (ADDRESS) Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut grove DATE June 25, 1934

19. UNDERTAKER (ADDRESS) Earl Brewer Sexton

20. FILED 9-29 1934 W. J. Harpole Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1934

22. I HEREBY CERTIFY That I attended deceased from no Dr used, 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Herpes of the Kidney Date of onset

Other contributory causes of importance:

Name of operation 1336 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 (Signed) W. J. Harpole, M.D.

(Address) Myrtle 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

