

OCT 11 1934

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

Do not use this space.

## 1. PLACE OF DEATH

1 County Adair Registration District No. 4  
2 Township \_\_\_\_\_ Primary Registration District No. 3001  
7 City Kirksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 31830  
Registered No. 186

## 2. FULL NAME

Ralph Revere Brewer  
(a) Residence, No. 306 East Purcell St. 2 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1934  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... 12 hrs. or ... min. 0 0 0 12

OCCUPATION 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) Kirksville (STATE OR COUNTRY) Missouri

FATHER 13. NAME Carl Brewer

14. BIRTHPLACE (CITY OR TOWN) Portage (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Dora Turner

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

17. INFORMANT Carl Brewer (ADDRESS) 309 E. Purcell St. Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 9-24-1934

19. UNDERTAKER Doc Riley (ADDRESS) Kirksville, Mo.

20. FILED Oct. 1, 1934 Spencer Freeman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934, to Sept 23, 1934  
I last saw him alive on Sept 23, 1934 Death is said to have occurred on the date stated above, at 3 PM.

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

Prematurity Date of onset \_\_\_\_\_

Other contributory causes of importance:

Stemina 7 months

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? L

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? L Date of injury Sept 23, 1934

Where did injury occur? L (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? No

If so, specify \_\_\_\_\_

(Signed) D. C. Delbridge

(Address) 516 E. 8th St. Kirksville, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS VERY IMPORTANT. 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.

