NOV 1 1934

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

Do not use this space.

File No. 38267

Registered No.

1. PLACE OF DEATH
County Taney
Township Big Creek
City (No. St. Ward)
Registration District No. 858
Primary Registration District No. 6126

2. FULL NAME Kellcia Brewer

(a) Residence, No. St., 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 - 1920

7. AGE: Years 4 | Months 4 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

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) Harleton Texas
(STATE OR COUNTRY) Harrison Co.

FATHER
13. NAME James Brewer
14. BIRTHPLACE (CITY OR TOWN) Browwball
(STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Vesta Reed
16. BIRTHPLACE (CITY OR TOWN) Sant Joe
(STATE OR COUNTRY) Arkansas

17. INFORMANT James Brewer
(ADDRESS) Protem Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Nance Mo DATE Oct 15th 1924

19. UNDERTAKER Frank Hodges
(ADDRESS) Ocie Mo

20. FILED Oct 29 1934 Mrs J. A. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1924

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1924, to Oct 13 1924
I last saw him alive on Oct 13 1924 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diptheria	
10	

Other contributory causes of importance:

Name of operation None 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 M Callen, M. D.
(Address) Protem, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

State of Missouri } ss
County of Taney }

On this 29th of October, 1934 Appeared Dr T. M. Callen of Protem Mo. to me Known and on his oath States that the Death of Kellcia Brewer, Son of James and Vesta Brewer was not Reported to the Register of Vital Sattatics, owing to the facts that his Records were destroyed By fire.

In Withess I have hereunto affixed my hand and Seal on the date above Stated,

Dr. T. M. Callen

In Testimony I have hereunto affixed My Official seal in Protem mo On day and year stated above.

James Wolf
Notary Public

My Com expires Mar 11 1937.