

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

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.

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

Do not use this space.

JAN 2 2 1935

44252

1. PLACE OF DEATH

County St. Genevieve
Township _____
City St. Marys (No. _____) St. _____ Ward _____

Registration District No. 781
Primary Registration District No. 4467

File No. _____
Registered No. _____

2. FULL NAME

(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 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) Dec 28 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 3

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) (STATE OR COUNTRY) St. Marys Missouri

FATHER 13. NAME Wallace Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thos. Mill Missouri

MOTHER 15. MAIDEN NAME Idis Raymond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

17. INFORMANT Wallace Brewer (ADDRESS) St. Marys Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Mo DATE Dec 31 1934

19. UNDERTAKER Geo. G. Basher (ADDRESS) St. Genevieve Mo

20. FILED 1/31- 1934 Walter Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 28 1934 to Dec 31 1934

I last saw him alive on Dec 28 1934. Death is said to have occurred on the date stated above, at 10 A. m.

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

Atelectasis

Date of onset 12/28/34

Other contributory causes of importance None

Name of operation None Date of _____
What test confirmed diagnosis? None 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) John A. Williams, M. D.
(Address) St. Marys, Mo.

