

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

Do not use this space.

JUL 24 1935

**1. PLACE OF DEATH**

County Mississippi Registration District No. 566  
 Township First Liberty Primary Registration District No. 3030  
 City Charleston (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

20413

File No. \_\_\_\_\_  
 Registered No. 80

**2. FULL NAME**

(a) Residence, No. Irma Jean Brewer Deal 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 Female 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) May 1 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 22

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. at home

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) Charleston Mo.

13. NAME Harry Brewer

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

15. MAIDEN NAME Irma Cagle

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

17. INFORMANT Harry Brewer Charleston Mo.  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE June 22, 1935

19. UNDERTAKER Frank Fin Furbush Service  
 (ADDRESS) Charleston Mo.

20. FILED 6-23-1935 J. D. Vernon  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH 11:55 P.M.**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to June 22, 1935

I last saw her alive on June 22, 1935 Death is said

to have occurred on the date stated above, at 11:55 P.M.

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

Pneumonia Date of onset 6/16/35

Other contributory causes of importance:

Hooping cough

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

What test confirmed diagnosis? all symptoms there an autopsy? no

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? no

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

(Signed) W. O. Ralston, M. D.

(Address) Charleston 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.

