SEP 2 3 1935

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

Do not use this space.

27120

1. PLACE OF DEATH
County Montgomery — Registration District No. 594 — File No.
Township Loutre — Primary Registration District No. ~~4357~~ — Registered No. 7
City (No. 5788B St. Ward)

2. FULL NAME John Bremer
(a) Residence, No. Rhineland, Mo. RFD 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) January 22nd 1880
7. AGE: 55 YEARS, 6 MONTHS, 14 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Rhineland, Mo. RFD 1

FATHER
13. NAME Henry Bremer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland.

MOTHER
15. MAIDEN NAME Thodora Verholt,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) A. A. Elderingheff, Rhineland, Mo. RFD
18. BURIAL, CREMATION, OR REMOVAL
PLACE Starkenberg, Mo. DATE Aug 8th-1935
19. UNDERTAKER (ADDRESS) Barton Baker, Americus, Mo.
20. FILED Aug 7, 1935 Nana Lee Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to Aug 6, 1935
I last saw him alive on Aug 5, 1935. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Remittent Malerial Fever	7/15-35
3 6	

Other contributory causes of importance: None that I know

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? no
If so, specify .....
(Signed) O. R. Rauschelbach, M. D.
(Address) Rhineland 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.