

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.

DEC 21 1935

36930

1. PLACE OF DEATH
 79 County Perry Registration District No. 660
 2 Township Primary Registration District No. 4896
 60 City Perryville (No.) St. Ward
 2. FULL NAME James L. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 0 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Perry Co Mo

MOTHER FATHER
 13. NAME Joe F. Brewer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

MOTHER FATHER
 15. MAIDEN NAME Catherine Weiskin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Clarence Brewer
 (ADDRESS) Perry Co Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mount Hope DATE Nov 19 1935

19. UNDERTAKER Frank & Funch
 (ADDRESS) Perryville Mo

20. FILED Nov 19 1935 Ed L. Brewer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 15 1935 to Nov 17 1935
 I last saw him alive on Nov 17 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy - Cerebral Date of onset 8 Day
131

Other contributory causes of importance:
Chronic Cardio-vascular-renal disease with hypertension

Name of operation 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 Oscar Aaron M. D.
 (Signed) Oscar Aaron
 (Address) Perryville, Mo.

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