

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

Do not use this space.

386

JAN 15 1936

1. PLACE OF DEATH

County Caldwell
Township Bucknagds
City (No.) St. Ward

Registration District No. 94
Primary Registration District No. 3040

File No.
Registered No.
St. Ward

2. FULL NAME

Leona Lee 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Sept 4 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 4 9

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) Davis Co. mo

FATHER
13. NAME Robt Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co mo

MOTHER
15. MAIDEN NAME Francis mooredhead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell co mo

17. INFORMANT (ADDRESS) Robt Brewer
Lospingmo mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Rose Hill Jan 5 36

19. UNDERTAKER (ADDRESS) McBuck & Son
Bucknagds mo

20. FILED Jan 5 1936 A. R. Wiley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1936 to Jan. 4th 1936

I last saw her alive on Jan. 4th 1936 Death is said

to have occurred on the date stated above, at 3. A. m.
The principal cause of death and related causes of importance were as follows:

Influenza. following with Lobular Pneumonia.

Date of onset
Dec 12th 1936

Other contributory causes of importance

MW

Name of operation Date of
What test confirmed diagnosis? Symptoms Was 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?
If so, specify

(Signed) A. R. Wiley, M. D.
(Address) Bucknagds mo

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.

