

APR 23 1936

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

Do not use this space.

10594

1. PLACE OF DEATH

County Jackson
Township Ray
City Jackson City

Registration District No. 399
Primary Registration District No. 1092
(No. Research Hospital)

File No. _____
Registered No. 1257
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3416 Lexington St., _____ Ward. Richmond, Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Ida M. Brewer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9, 1870</u>				
7. AGE YEARS <u>65</u>	MONTHS <u>8</u>	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>				
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) <u>Woodford, Va</u>				
13. NAME <u>Wm Brewer</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Birds, Co Ohio</u>				
15. MAIDEN NAME <u>Susan, Fortwood</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>				
17. INFORMANT <u>Mrs Ida M Brewer</u> (ADDRESS) <u>Richmond, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner Ave</u> DATE <u>March 14, 1936</u>				
19. UNDERTAKER <u>W. M. Mansur</u> (ADDRESS) <u>Jackson, Missouri</u>				
20. FILED <u>Mar 9 1936</u> <u>M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936 to March 9, 1936
I last saw him alive on March 8, 1936 Death is said to have occurred on the date stated above, at 3:30 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset 1/21

Acute degenerative
Myocarditis Chronic
Dilated

Other contributory causes of importance:
Generalized vascular
Sclerosis, Hypertension,
Nephritic arthritis, Nephritis (Ch)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. M. Mansur, M. D.
(Address) 623 Superior Bldg

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.

