

APR 20 1936

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

Do not use this space.

11225

1. PLACE OF DEATH

County Jasper Registration District No. 413 File No. _____
Township _____ Primary Registration District No. 4245 Registered No. 21
City Monong, Mo. (No. _____, _____ St. _____ Ward)

2. FULL NAME Harry D Brewer

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>American</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>Grace Brewer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 11 1898</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>4</u>	DAYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>/</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>/</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oliver Ill.</u>		
MOTHER FATHER	13. NAME <u>Mike Brewer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no data</u>	
	15. MAIDEN NAME <u>Mary Sumwalt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
17. INFORMANT <u>Grace Brewer</u> (ADDRESS) <u>Monong, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weaver Cemetery</u> DATE <u>3-26-1936</u>		
19. UNDERTAKER <u>Sedge Nelson Funeral Home</u> (ADDRESS) <u>Webb City, Mo.</u>		
20. FILED <u>3/26 1936</u> <u>Harry D. Brewer</u> Registrar. (Address) <u>Monong, Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1936 to March 23 1936.
I last saw him alive on March 13 1936 Death is said to have occurred on the date stated above, at 1075 A.
The principal cause of death and related causes of importance were as follows:
Infarcted Heart

Other contributory causes of importance:
Chronic heart disease

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 _____
(Signed) [Signature] M. D.
Monong, 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.

