

JUN 27 1936

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

Do not use this space.

25287

1. PLACE OF DEATH

County Vermon

Registration District No. 875

Township

Primary Registration District No. 6162

City Nevada (No. _____)

St. _____ Ward _____

2. FULL NAME Harry Marshall 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 29 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Farm

10. Date deceased last worked at this occupation (month and year) June 1, 1936 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norton Kansas

13. NAME William Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steward Iowa

15. MAIDEN NAME Jennie Steward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Norton Kansas

17. INFORMANT William Brewer

18. BURIAL, CREMATION, OR REMOVAL Deerfield Cem. June 3 1936

19. UNDERTAKER Ferry Funeral Home Nevada Mo

20. FILED June 4 1936 McElhiney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 - 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____ Death is said

to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Guns shot wound in head

committed suicide

Other contributory causes of importance _____

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 suicide Date of injury June 1, 1936

Where did injury occur? Nevada Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. H. Morris acting coroner, M. D.

(Address) Nevada 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.

