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.

SEP 18 1936

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

Do not use this space.

30051

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township — Primary Registration District No. 3007 — Registered No. 195
City Poplar Bluff (No. Smith Hospital St. Ward)

2. FULL NAME James Franklin Brewer
(a) Residence, No. Zalma Mo St., Ward. Zalma Mo
(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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6, 1936
7. AGE: YEARS — MONTHS: 1 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

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): Zalma Mo

FATHER
13. NAME: Frank Brewer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris Tenn.

MOTHER
15. MAIDEN NAME: Jeanne Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crosstown Mo.

17. INFORMANT (ADDRESS): Jeanne Esther Ryan Zalma Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker Center DATE Aug. 16, 1936
19. UNDERTAKER (ADDRESS): none ✓
20. FILED 8/16, 1936 Oldtsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from August 12, 1936, to August 15, 1936
I last saw him alive on August 15, 1936. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery — Date of onset
Diseases of the Left ear & of the mastoid Process.

Other contributory causes of importance: 13b

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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) Dr. R. A. Smith D.O. M. D.
(Address) Zalma, Mo.