

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

Do not use this space.

SEP 29 1936

30881

**1. PLACE OF DEATH**

County Jackson  
 Townships Haw  
 City Hanson Cty

Registration District No. 399  
 Primary Registration District No. 1002  
 (No. 2509, Berry)

File No. ....  
 Registered No. 3677 St. .... Ward)

**2. FULL NAME**

Sarah A Brewer  
 (a) Residence, No. 2509 - Perry 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1849

7. AGE YEARS 87 MONTHS 1 DAYS 9 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Mo

13. NAME W. A. H. Bender

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Rebecca Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Miss Ruby A Brewer 2509 Perry Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany Mo DATE Aug - 12 - 1936

19. UNDERTAKER (ADDRESS) Mr. C L Foster 718 Madison St Mo

20. FILED Aug 10 1936 M. M. Orome Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936, to August 10 1936

I last saw her alive on Aug. 10 1936 Death is said to have occurred on the date stated above, at 2:52 m.

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

Myocardial Degeneration Date of onset 1935  
50

Other contributory causes of importance: Metastatic Carcinoma of Breast and abdominal carcinomatosis 1920 (?)

Name of operation Breast amputation Date of 1920?  
 What test confirmed diagnosis? Clinical 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? No  
 If so, specify .....

(Signed) John F. Baldwin M. D.  
 (Address) Kansas City, 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.

832 argyle bed

52-9550

Area 7170