

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

MAR 13 1937

6627

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Kan

Primary Registration District No. _____

City Kansas City

(No. _____)

Mercy Hospital

File No. _____

Registered No. 1025

St. _____

Ward _____

2. FULL NAME Brewer, Patsy(a) Residence, No. 220 Cunningham St. West Ward. Richmond, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 19337. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 268. 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) Richmond (STATE OR COUNTRY) Mo.13. NAME Millard F. Brewer14. BIRTHPLACE (CITY OR TOWN) Halsberg (STATE OR COUNTRY) Mo.15. MAIDEN NAME Clem Drake16. BIRTHPLACE (CITY OR TOWN) Manassas (STATE OR COUNTRY) Mo.17. INFORMANT Spillard, F. Brewer (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richmond Mo. DATE Feb 28, 193719. UNDERTAKER E. H. H. H. (ADDRESS) Richmond Mo.20. FILED 26.37 M. M. Browne

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26, 193722. I HEREBY CERTIFY, That I attended deceased from 2-9, 1937, to 2-26-37, 1937I last saw h.f.R. alive on 2-26, 1937. Death is saidto have occurred on the date stated above, at 2:15 p.m.

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

Acute Streptococcal Tonsillitis Date of onset 2/8/37

Other contributory causes of importance:

Otitis Media 2-9-37
Septic Meningitis 2-23-37
Mastoiditis 2-24-37Name of operation Mastoidectomy Date of 2-24-37What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No23. 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) Charles E. H. H., M. D.(Address) 6247 Brookside Blvd.

