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

MAY 18 1937

1. PLACE OF DEATH
County: Carter
Township: Pike
City: Fremont (No. ..... St. ..... Ward)

Registration District No. 146
Primary Registration District No. 5209

File No. 15973
Registered No. 17

2. FULL NAME: Maud Ellen Brewster Terrill

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Glen Terrill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 17, 1919

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	2	16	

OCCUPATION

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

FATHER

9. BIRTHPLACE (CITY OR TOWN): Carter Co.
(STATE OR COUNTRY): Mulas Mo

PARENTS

10. NAME OF FATHER: Ezra Brewster
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Carter Co.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Clara Pogue
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Reynolds Co.

14. INFORMANT: Mrs Ezra Brewster
(Address): Fremont Mo

15. FILED: April 6 1937 Jessie D Schupp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 2 1937

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1937, to Feb 2 1937, that I last saw him alive on Feb 1 1937, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): Confinement
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Wm H Burton M. D.
, 19 (Address) Van Buren Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fremont Mo
DATE OF BURIAL: Feb. 2 1937

20. UNDERTAKER: Mrs Chas Swofford
ADDRESS: Fremont 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.

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