

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 21 1937

**1. PLACE OF DEATH**

County Howell  
Township Decaded  
City Frankton (No. ....) St. .... Ward)

Registration District No. 391  
Primary Registration District No. 4230

File No. 16551  
Registered No. 24

**2. FULL NAME**

Samuel M. Brewster  
(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ladie E. Brewster

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1937, to 4-21 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5-1882

I last saw him alive on 4-21 1937 Death is said to have occurred on the date stated above, at 6 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
54 4 16

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

Pneumonia lobae Date of onset 7-19-37

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

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.....

Other contributory causes of importance: 100  
Severance of the spine

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro, Mo.

13. NAME Thos. S. Brewster

Name of operation Mossy Date of .....  
What test confirmed diagnosis? Mossy Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn

15. MAIDEN NAME Mary Jane Lewis

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co, Mo

Where did injury occur? ..... (Specify city or town, county, and State)

17. INFORMANT Ladie E. Brewster (ADDRESS) Frankton, Mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Landy, Mo. DATE Apr 24 1937

Manner of injury..... Nature of injury.....

19. UNDERTAKER Rieker & Richardson (ADDRESS) at Frankton, Mo

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Apr 22 1937 RA Rasche Registrar.

If so, specify

(Signed) George W. St... M. D.

(Address) Frankton, Mo

