

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.

JUN 12 1937

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

Do not use this space.

19130

1. PLACE OF DEATH
 County Jackson Registration District No. 395
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. St Joseph Hosp) St. Hosp Ward 13

2. FULL NAME Hired Hiram Brew
 (a) Residence, No. 2704 Benton St. Benton Ward 13
 (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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE WW 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) Feb - 19 - 1872

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | <u>65</u> | <u>3</u> | <u>21</u> | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Court

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 23 - 1937

22. I HEREBY CERTIFY That I attended deceased from _____ 19____
Deputy Coroner
 I last saw him live on _____ 19____ Death is said to have occurred on the date stated above, at 2:00 a.m.

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

Cerebral hemorrhage
82a1
 Other contributory causes of importance: _____
 Name of operation _____ Date of operation _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER / FATHER

13. NAME John James Brew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mass

15. MAIDEN NAME Madelinet Winger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs Grace Terge
5007 Knook

18. BURIAL, CREMATION, OR REMOVAL
 PLACE not known DATE May 25 1937

19. UNDERTAKER (ADDRESS) Rev. newman's Sons
Kansas City - Mo.

20. FILED May 23 1937 H. M. Cline
 Registrar.

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) H. M. Cline, M. D.
 (Address) _____

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