

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

OCT 19 1937

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

Do not use this space.

34086

15

1. PLACE OF DEATH

County Dawson
Township Benton
City (No.)

Registration District No. 9-254
Primary Registration District No. 4134
No. 5357

File No.
Registered No.
St. Ward

2. FULL NAME Jamae Washington Brimmer

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-37, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora M Brimmer

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Aug 8 1937
I last saw him alive on Aug 8 1937 Death is said to have occurred on the date stated above, at 7:00 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1873

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 4 14

Cancer of the throat Date of onset

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

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

13. NAME Frank Brimmer

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

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

15. MAIDEN NAME Rebecca W. Kase

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

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

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

17. INFORMANT Mr. Jamae Brimmer (ADDRESS) Dawson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE webb DATE 8-8-37, 1937

Manner of injury
Nature of injury

19. UNDERTAKER E. Brimmer (ADDRESS) Dawson, Mo

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

20. FILED 8-8-37, 1937 Waverly E. Sutter Registrar.

(Signed) Waverly E. Sutter, M. D.
(Address) Dawson, Mo

