

DEC 2 11937

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

Do not use this space.

## 1. PLACE OF DEATH

County Marion  
Township Liberty  
City Palmyra (No. \_\_\_\_\_)

Registration District No. 548  
Primary Registration District No. 5740

File No. 41874  
Registered No. 49  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Casper Bremner

(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

Male

## 4. COLOR OR RACE

White

## 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Nancie Bremner

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 22-1858

## 7. AGE

79

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

1020

## OCCUPATION

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

Labourer

## 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

## MOTHER / FATHER

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

Palmyra, Mo.

## 13. NAME

Christian Bremner

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

Germany

## 15. MAIDEN NAME

Mary Craig

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

Germany

## 17. INFORMANT (ADDRESS)

John Bremner Palmyra Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Little Union DATE 11-14, 1937

## 19. UNDERTAKER (ADDRESS)

E. J. Spague Palmyra Mo

## 20. FILED

Nov 13-37 Verdunde Lee Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937, to Nov 12, 1937.  
I last saw him alive on Nov 10, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic Parenchymatous Nephritis of July 1937

Other contributory causes of importance:

Suppuration of old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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) Dr. J. H. Stillman, D.O.  
(Address) Palmyra, Mo.

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.

