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60  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every record of information should be carefully supervised. 1932-33 to be state standard.

REC'D JUN 10 1938

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

Do not use this space.

19390

1. PLACE OF DEATH  
County St. Francois Registration District No. 774  
Township St. Francois Primary Registration District No. 4465  
City Flat River (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME James Elwyn Brewer 660  
(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.

File No. \_\_\_\_\_  
Registered No. 782

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  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Brewer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1910  
7. AGE YEARS 28 MONTHS 3 DAYS - If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead Miner  
9. Industry or business in which work was done, as mill, saw mill, bank, etc. St. Francois Lead Co.  
10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation 7  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don Run Mo  
13. NAME James E. Brewer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lion Co. Mo  
15. MAIDEN NAME Josie Bangert  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo  
17. INFORMANT Josie Brewer (ADDRESS) FARMINGTON MO  
18. BURIAL, CREMATION, OR REMOVAL PLACE Flat River DATE May 10 1938  
19. UNDERTAKER Jos Diemer (ADDRESS) FLAT RIVER MO  
20. FILED 6/4 1938 O. B. Farmer Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1938  
22. I HEREBY CERTIFY, That I attended deceased By Inquest duties on May 8, 1938 Death is said to have occurred on the date stated above, at 11:45 pm.  
The principal cause of death and related causes of importance were as follows:  
Jury's verdict Date of onset \_\_\_\_\_  
Unavoidable  
automobile accident  
Other contributory causes of importance: 210 mi  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 5/7, 1938  
Where did injury occur? St. Francois County (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Highway  
Manner of injury struck by auto  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Jos Diemer 4 (Address) deputy coroner 697  
Flat River, Mo

