

REC'D OCT 12 1938

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

Do not use this space.

1. PLACE OF DEATH

 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... (No. *1326A N 21 st*)..... St..... Ward.....

1003

30683

 File No. *8120*
 Registered No.
 St. Ward.....

2. FULL NAME

Ronnie Brew
 (a) Residence, No. *1326A N 21* St. *21* 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 *Col.* 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) *June 1 - 1882*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 3 9

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

Carpenter

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greenwood Miss*13. NAME *not known*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known Miss*15. MAIDEN NAME *Sharlath Smith*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known Miss*17. INFORMANT (ADDRESS) *Lillie Brew 1326 A N 21 st*18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *9-14* 193819. UNDERTAKER (ADDRESS) *A. P. Richards 2625 Glasgow ave*20. FILED *SEP 14 1938* *J. F. Bunker* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-10* 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sep 1st 1938 to Sept 10 1938
I last saw him alive on *Sept 10 1938* Death is saidto have occurred on the date stated above, at *7:30* Am.

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

Heart Stroke

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis *Clinical* 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....., 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) *W. Alpern*, M. D.(Address) *736 E. 1st St*

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.

The Body of Rommie Brew
was Embalmed BY me

Licence No 2928

A. H. Richardson
2625 Glasgow