

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.

1938 NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Reynolds

Township 1

City 2

Registration District No. 149

Primary Registration District No. 6984

File No. 36630

Registered No. 36630

St. 1 Ward 1

2. FULL NAME

(a) Residence, No. Patsy Ruth Brewer

(Usual place of abode)

St. 1 Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 5 ds.

How long in U. S., if of foreign birth? 5 yrs. 4 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1933

7. AGE

YEARS 5

MONTHS 4

DAYS 5

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

OCCUPATION

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

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) June 26 1933

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersville Mo.

13. NAME Walter Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annapolis Mo.

15. MAIDEN NAME Eula Berene Weltie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvins Mo.

17. INFORMANT (ADDRESS) Mrs Eula Brewer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hyattsville Creek DATE 11/11 1938

19. UNDERTAKER (ADDRESS) none

20. FILED 11/3/38

1938

E. M. Fitzpatrick

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 11:25 AM 10/31/38 to 12:15 PM Oct 31, 1938

I last saw her alive on Oct 31 1938 Death is said

to have occurred on the date stated above, at 12:15 PM

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

Toxemia (Due to Walnut kernel being eaten)

Date of onset

Other contributory causes of importance:

none

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none

Where did injury occur? none

(Specify city or town, county, and State)

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

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. M. Fitzpatrick M. D.

(Address) Petersville, Mo.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

36630

Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 749  
(b) Township Lesterville Primary Registration District No. 2984  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Patsy Ruth Brewer St. ☐  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (Write the word)

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

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

7. AGE YEARS 5 MONTHS 4 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

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

Toxemia Due to Walnut kernels being eaten in full at evening before to produce Toxemia from which she died

Other contributory causes of importance:

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 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) E. J. Fitzpatrick M. D.

(Address) Lesterville Mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

