

DEC'D FEB 23 1930

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

2168
Do not use this space.

1. PLACE OF DEATH

(a) County Amelie 7 Registration District No. 207
(b) Township Francisville Primary Registration District No. H171 Registered No. 4
(c) City Francisville (d) Street No. _____ 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. _____ St. (If nonresident, give city or town and State)
George Brewer
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Brewer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 186
7. AGE YEARS 76 MONTHS _____ DAYS _____ If LESS than 1 day, hrs. or min. _____
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1929
22. I HEREBY CERTIFY That I attended deceased from Jan 20 1929 to Jan 28 1929.
I last saw h. alive on Jul 28 1929. 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:

Chronic Myocarditis
Date of onset _____
Other contributory causes of importance: Arterial atherosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key 1
13. NAME George Brewer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key 9
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) State Treasurer
18. BURIAL, CREMATION, OR REMOVAL PLACE Francisville 1/29 1929
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bertha Kinschorn
1/28 29 Self
Local Registrar.

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) Self _____, M. D.
(Address) Francisville

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

RECEIVED

District Health Officer No.

District File Number 39-1

Date Filed 2-8-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.