

DEC'D FEB 23 1939

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

3419

Do not use this space.

## 1. PLACE OF DEATH

(a) County Perry Registration District No. 160  
 (b) Township Brewer Primary Registration District No. 5875a  
 (c) or City Brewer, Twp. (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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. \_\_\_\_\_  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Terbrak  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
67 9 28

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. Farmer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perry Co.  
 (STATE OR COUNTRY) Mo.

13. NAME Henery B. Terbrak

14. BIRTHPLACE (CITY OR TOWN) Perry Co.  
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Renadded

16. BIRTHPLACE (CITY OR TOWN) Perry Co.  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Wm. Terbrak  
 (ADDRESS) Brewerville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Perryville Mo. DATE Feb. 11 1939

19. FUNERAL DIRECTOR (NAME) Young & Sons  
 (ADDRESS) Perryville Mo.

20. FILED Feb 10 1939 Joe J. Zellner  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1939

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

I last saw h. \_\_\_\_\_ 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:

Myocarditis  
Died suddenly  
9:30 AM  
 Other contributory causes of importance:  
Copious renal disease for the past 2 or 3 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Amos Bailey M. D.  
 (Address) Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

**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 *Edward C. Young*

Licensed Embalmer No. *2138*

P. O. Address *Pennsville, Md.*

**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.