

REC'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6487
Do not use this space.

1. PLACE OF DEATH

- (a) County Lassonde 2 Registration District No. 302
 (b) Township Clay Primary Registration District No. 623 (Registered No.)
 (c) City 1 (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 650 Franklin Harrison Brewer St. ☐ (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rizzie Brewer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1859
 7. AGE YEARS 79 MONTHS 3 DAYS 4 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
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Red Bird (STATE OR COUNTRY) Mo. O

- FATHER 13. NAME William Brewer
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

- MOTHER 15. MAIDEN NAME Eda. Matlock
 16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) 1

17. INFORMANT A J. Nelson (ADDRESS) Blount Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Grove near Lake, Tenn DATE Feb. - 6 - 1939

19. FUNERAL DIRECTOR W. F. Gettins (ADDRESS) Owensville Mo

20. FILED 2-6 19 39 St. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 - 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 26 - 1939, to Feb 6 - 1939
 I last saw him alive on Feb 6 - 1939 Death is said to have occurred on the date stated above, at 7:30 a. m.
 The principal cause of death and related causes of importance were as follows:

- Tubor Pneumonia (R) Date of onset 1-26-39

Other contributory causes of importance: 106

- Name of operation Date of
 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? 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 no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Walltown Brewer M. D.
 (Signed) St. James Mo (Address)

STATEMENT BY LICENSED EMBALMER --

I, W.F. Gettenstrater, Licensed Embalmer No. 1444

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W.F. Gettenstrater

Licensed Embalmer No. 1444

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.)