

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.

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

REC'D MAR 20 1939

6820
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 409
(b) Township Goplin Primary Registration District No. 4242
(c) City Goplin (If death occurred in Hospital or Institution, write its name instead of street and number)
(d) Street No. Brewer
(e) Length of residence in city or town where death occurred 72 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. 160 Paul Edwin Brewer Brewer Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR, DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1908

7. AGE YEARS 30 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
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) Goplin Mo.

13. NAME James A. Brewer

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

15. MOTHER James A. Truzzell

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

17. INFORMANT James A. Brewer (ADDRESS) Goplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 2-21-39

19. FUNERAL DIRECTOR (NAME) Wyneth and Co (ADDRESS) Goplin Mo.

20. FILED 2-20-39 Ed J. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-39

22. I HEREBY CERTIFY, That I attended deceased from 2-18-39, 1939, to 2-19-39, 1939. I last saw him alive on 2-19-39. Death is said to have occurred on the date stated above, at 8-45 AM 2/19/39. The principal cause of death and related causes of importance were as follows:

Suicide by gun - shot wound chest - 12 ga. single ball shot from

Other contributory causes of importance: 167

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? suicide Date of injury 2/19/39. Where did injury occur? Gasper (city) Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. At his residence

Manner of injury Suicide Nature of injury Gunshot in chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) E. H. Winchester M. D.

(Address) Goplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-586

Date Filed MAR 10 1939

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.