

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

29839
 Do not use this space.

REC'D SEP 14 1939

1. PLACE OF DEATH

(a) County Oregon Registration District No. 635
 (b) Township Myrtle Primary Registration District No. 6277
 (c) City Myrtle (d) Street No. _____ St.
 (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. (If nonresident, give city of town and State)
 (Usual place of abode, if no street address, write county or city)

6660 Martha Frances Brewer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/28/39, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1930 to July 28th 1939
 I last saw him alive on July 26th 1939 Death is said to have occurred on the date stated above, at 12:05 P. M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 1 15

Hypertensive Heart Disease
with
cardiac failure
 Date of onset 121

Other contributory causes of importance:
Chronic Nephritis
Chronic Bronchitis

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as saw mill, bank, etc. Self
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elm Store, Ark.

FATHER 13. NAME Joseph Stubblefield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elm Store, Ark.

MOTHER 15. MAIDEN NAME Martha Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon County Mo.

17. INFORMANT (ADDRESS) Coy Brewer, Thayer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle, Mo. DATE 7/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr, Thayer, Mo.

20. FILED Aug 29/39 A. J. Harpole 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) C. C. Cooper, M. D.
 _____ (Address) Myrtle, Mo.

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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 939153

Licensed Embalmer No.....

Date Filed 9-5-39

P. O. Address.....

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

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