

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.

10 1939

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

43861
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township Jeff Primary Registration District No. 5-6-33 Registered No. 171
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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 2 yrs. 3 mos. 9 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Kenneth Brewer

(a) Residence, No. Piedmont, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1911

7. AGE YEARS 28 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) Piedmont 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME James King Brewer

14. BIRTHPLACE (CITY OR TOWN) Piedmont 1
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lula Rushing

16. BIRTHPLACE (CITY OR TOWN) Hickman County
 (STATE OR COUNTRY) Tennessee

17. INFORMANT E. McMichael, Record Clerk
 (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 12-11-1939

19. FUNERAL DIRECTOR (NAME) W. J. Bates & Co.
 (ADDRESS) Piedmont, Mo.

20. FILED Dec. 12 1939 R. A. Holmes
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1939 ~~XXXX~~

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937 ~~XXXX~~ to Dec 8, 1939 ~~XXXX~~

I last saw him alive on Dec. 8, 1939 ~~XXXX~~. Death is said to have occurred on the date stated above, at 8:20 pm.

The principal cause of death and related causes of importance were as follows:

Fat adenoma and bilateral pulmonary tuberculosis
may be tubercular

Date of onset 1931

Other contributory causes of importance:
Tuberculous nephritis
Tuberculous laryngitis

Name of operation Date of
 What test confirmed diagnosis? Chemical 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) R. A. Holmes M. D.
 (Address) Missouri State San. At. Vernon, Mo.

RECEIVED

District Health Officer No. 6₂

District File Number 140-87

Date Filed JAN 9 1940

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 conform with the above constitutes grounds for revocation of license.)

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