

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

11175
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 390
(b) Township Union Primary Registration District No. 5545
(c) City Iron (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

Polly Ann Brewer
(a) Residence, No. Annapolis 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 fem 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 W.N. Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Annapolis Mo.
(STATE OR COUNTRY)

13. NAME Jackson Johnson

14. BIRTHPLACE (CITY OR TOWN) Cape Town Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca Nichols

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

17. INFORMANT W.N. Brewer
(ADDRESS) Annapolis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Annapolis Mo. DATE March 13 1940

19. FUNERAL DIRECTOR (NAME) Norman White & Sons
(ADDRESS) Iron Iron Mo.

20. FILED 40 13 1940
B. C. Hunter
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 12, 1939.

I last saw her alive on March 8, 1939. Death is said to have occurred on the date stated above, at 8.45a.
The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

Langrene starting in the foot & involving the foot.

Name of operation none 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) B. M. Fitch M. D.
(Address) Westphalia, Mo.

11/26/19

11

Signed.

P. O. Address General Time

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11175

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 390

Primary Registration District No. 334d

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PREVIOUS FULL NAME Polly Ann Brewer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 18 hr. min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Mar day 17

year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration _____

Due to 59

Due to Bangore starting in one toe & involving the foot

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Diabetes mellitus used present. How long it had existed

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature B. J. Spatnes (M. D. or other) _____

Address Lattsville Date signed Mar 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1940

S-11175