FILED JUN 22 1940

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

18861
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence 3 Registration District No. 470
(b) Township Twp 1 Primary Registration District No. 5633 Registered No. 45
(c) City Mount 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 1 yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse Brewer 660
(a) Residence, No. Jefferson City, 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: 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) Oct. 1, 1894

7. AGE: Years 45 | Months 7 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Winter 1938-39
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Missouri

FATHER
13. NAME Ben Brewer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER
15. MAIDEN NAME Laura Prewitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Missouri

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE Webb City Mo, DATE 5-5- 1940

19. FUNERAL DIRECTOR (NAME) Webb City Undertaking Co
(ADDRESS) Webb City, Missouri

20. FILED 5-4- 1940 P. A. HOLMES Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1940 xxx

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939 to May 3 1940 xxxx
I last saw him alive on May 3, 1940 xxxx. Death is said to have occurred on the date stated above, at 2:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1938
23	
Tuberculous laryngitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray 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? .....
If so, specify .....
(Signed) Maurice L. Jones, M. D.
421 (Address) Mt. Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6
District File Number 640-1368
Date Filed JUN 10 1946

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.