

MACHINE RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 14 1934
5:34

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

Do not use this space.

42003

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. State Hosp #2)

File No. _____

Registered No. 1337

St. _____ Ward _____

2. FULL NAME

Elzberry Brewer

(a) Residence, No. _____ St. _____ Ward. Carrollton, Mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds., How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Steckel (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29, 1853

7. AGE YEARS 81 MONTHS 0 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Edgar Co Ill

13. NAME Samuel Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky unknown

15. MAIDEN NAME Mary Godwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky unknown

17. INFORMANT (ADDRESS) Records, State Hosp #2 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton Mo DATE 12-7-1934

19. UNDERTAKER (ADDRESS) W. L. Turner Home, Carrollton Mo

20. FILED 12-5-34 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Dec 5, 1934. I last saw him alive on Dec 5, 1934. Death is said to have occurred on the date stated above, at 2:45 a.m.

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

Chronic Nephritis
131
12711
121
12/1/34

Other contributory causes of importance:

Broncho-Pneumonia
12/1/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. Carter Smith, M. D.
(Address) State Hosp #2 St Joseph Mo

