

JUN 17 1937 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

17 County Carroll Registration District No. 136
 Township Smith Primary Registration District No. 6254
 City Near Carrollton (No. 2) St. _____ Ward)

File No. 19722
 Registered No. _____

2. FULL NAME JOHN DELEVIN BREWER

(a) Residence, No. _____ St. _____ Ward. _____
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lana Brewer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23-1852</u>		
7. AGE <u>84</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ray mark</u>	
	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) <u>Illinois</u>		
MOTHER FATHER	13. NAME <u>John Brewer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
	15. MAIDEN NAME <u>Jena Reister</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
17. INFORMANT (ADDRESS) <u>N. F. Brewer</u> <u>Carrollton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brewers M^o</u> DATE <u>May 20, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>L. Thaeisel</u> <u>Carrollton Mo.</u>		
20. FILED <u>May 24, 1937</u> <u>Berta Henderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

22. I HEREBY CERTIFY That I attended deceased from May 1, 1937 to May 18, 1937
 I last saw him alive on May 18, 1937 Death is said to have occurred on the date stated above, at S. A. Mo.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset 2 yrs
Chronic valvular heart disease
Creeping 5 yrs
 Other contributory causes of importance:
Chronic valvular heart disease
 Name of operation spinal 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? No
 If so, specify _____
 (Signed) Harry E. Tatum, M. D.
 (Address) Carrollton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

