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

Do not use this space.

30228

File No.

Registered No. 38

1. PLACE OF DEATH
County Madison Registration District No. 538
Township Fredericktown Primary Registration District No. 5726
City (No. , St. Ward)

2. FULL NAME Flora Bell Brewington

(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.

OCT 20 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29-1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Saco Mo

FATHER
13. NAME Wm Hyatlean Stacy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saco Mo

MOTHER
15. MAIDEN NAME Mary Jane Kelley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Theo. Brewington (ADDRESS) Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pisgah DATE Sept. 7, 1933

19. UNDERTAKER E. D. Hubble
(ADDRESS) Fredericktown Mo

20. FILED Sept 7, 19 S. C. Schwaner Registrar.
By C. D. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933 to Sept 6, 1933
last saw her alive on Sept 6, 1933. Death is said to have occurred on the date stated above, at 12 m. noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scirrhus Cancer of Uterus	2 yrs

Other contributory causes of importance:
No
No

Name of operation none Date of
What test confirmed diagnosis? none 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. E. Brewington, M. D.
(Address) Fredericktown Mo