

MAR 25 1927

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

Do not use this space.

5352

## 1. PLACE OF DEATH

County LivingstonRegistration District No. 508

File No. ....

Township .....

Primary Registration District No. 3026Registered No. 22City Chillicothe (No. ....)

St. .... Ward)

## 2. FULL NAME

Gertrude Newton Jewell

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1869

## 7. AGE

YEARS 57MONTHS 5DAYS 18

IF LESS than 1 day, .... hrs. or .... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Sturgeon(STATE OR COUNTRY) MO10. NAME OF FATHER James J. Seasey11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary a Seasey13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO

(STATE OR COUNTRY)

## 14.

INFORMANT Emmett Jewell(Address) Chillicothe MO

## 15.

FILED 2-21-1927- Ruben Bonney

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1927

17. ....

I HEREBY CERTIFY That I attended deceased from Jan - 1, 1927 to Feb 20, 1927 that I last saw her alive on Feb - 19 -, 1927, and that death occurred, on the date stated above, at 9.06 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma uterus & bladder

## CONTRIBUTORY

(SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 18-27WAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS operation(Signed) Emmett Jewell, M. D.1/21, 1927 Address) Chillicothe MO

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Edgewood Cem2-21 1927

## 20. UNDERTAKER

ADDRESS

FB Norman Chillicothe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY HOW and by what means the disease was contracted. Exact statement of OCCUPATION is very important.

