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

Do not use this space.

18749

1. PLACE OF DEATH
County Lafayette
Township Clay
City (No. ..... St. ..... Ward)
Registration District No. 466
Primary Registration District No. 5622 C
File No.
Registered No. 15

2. FULL NAME Mollie Sewell
(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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Dandy Sewell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12-1859
7. AGE Years 68 Months 0 Days 20 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Wellington
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " "
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT Fannie Chandler
(Address) 4005 Cook Ave St Louis Mo
15. June 2, 1927 F.W. Mann
REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1927
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 2, 1927 that I last saw her alive on Jan June 1, 1927 and that death occurred, on the date stated above, at 2:00 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
92A
97
Valvular Lesion Heart
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. W. Mann M.D.
June 2, 1927 (Address) Wellington 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 Wellington Mo
DATE OF BURIAL June 5 1927
20. UNDERTAKER Ernest Fegert
ADDRESS Lexington Mo

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.

THIS IS A PERMANENT RECORD