

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

Do not use this space.

13168

**1. PLACE OF DEATH**

County Jackson  
 Township Blue Springs RR #4  
 City Blue Springs

Registration District No. 398  
 Primary Registration District No. 5534

File No. ....  
 Registered No. 149  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. James A. Hewitt St. .... Ward. ....  
 (Usual place of abode)  
 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Hewitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13-1857  
 7. AGE YEARS MONTHS DAYS 68 8 5 If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Jackson Co. Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER David Hewitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lowe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Va  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Symmons  
 (Address) Marshall 2400

15. FILED 4/24 1928 L. L. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18 1928

17. I HEREBY CERTIFY That I attended deceased from 11 1928 to 18 1928  
 that I last saw him alive on 12 October 1928, and that death occurred, on the date stated above, at Blue Springs

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Calvin Atkins, M. D.  
4-19 1928 (Address) Independence, 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

Blue Springs - Mo DATE OF BURIAL 4-20 1928

20. UNDERTAKER G. B. Webb Blue Springs

