

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

Do not use this space.

14222

1. PLACE OF DEATH

County Newton
 Township Marion
 City _____ (No. _____) St. _____ Ward _____

Registration District No. 615
 Primary Registration District No. 5817

File No. _____
 Registered No. 12

2. FULL NAME

Miss. O. Sewers
 (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. 13 ds. How long in U.S., if of foreign birth? _____ yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 8 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Newton Co. Mo.

10. NAME OF FATHER Presel D. Sewers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Ill.

12. MAIDEN NAME OF MOTHER Viola M. Watt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ill.

14. INFORMANT R. L. Sewers
 (Address) Grandy Mo. R. 1

15. FILED 4-21-28 U. S. Chapman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from _____
Apr. 5 1928 to Apr. 21 1928
 that I last saw him _____ alive on _____ Apr. 20 1928, and that death occurred, on the date stated above, at _____ 8:30 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis - Edema

CONTRIBUTORY (SECONDARY) 1130 (duration) _____ yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spec.

(Signed) R. F. Chatham, M. D.
 _____, 1928 (Address) Diamond 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

Oak Hill Cemetery 4-21-1928

20. UNDERTAKER ADDRESS
J. C. Sutter Diamond 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.

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