

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

Do not use this space.

16880

File No. 16880  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Hannay Registration District No. 347  
Township \_\_\_\_\_ Primary Registration District No. 3018  
City Chariton (No. 7110)

**2. FULL NAME**

Eugene Fewell

(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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED unmarried

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 6 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Lumber  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Eugene Fewell

9. BIRTHPLACE (CITY OR TOWN) Hannay Co  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. Riptoe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) East Kansas  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mary Johnson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT W. B. Fewell  
(Address) Chatham RR

15. FILED May 29 1928 Dr. E. C. Peelo  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28 1928

I HEREBY CERTIFY, That I attended deceased from 5-15 1928, to 5-28 1928, and that I last saw him alive on 5-28 1928, on the date stated above, at \_\_\_\_\_ p. \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
108 Pulmonary pneumonia

CONTRIBUTORY (SECONDARY) 101A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) G. Swelker, M. D.  
5-28, 1928 (Address) Clinton 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 Burlison Cemetery DATE OF BURIAL May 30 1928

20. UNDERTAKER Tom Wilkerson & Co  
ADDRESS \_\_\_\_\_

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.

JUL 6 1928

