DEC 26 1928

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

Do not use this space.

36070

1. PLACE OF DEATH
County: Buchanan
Township: Center
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 8-0
Primary Registration District No.: 5-119
3 Mi. No. of Faucett, Mo.
File No.:
Registered No.:

2. FULL NAME: Jewell Alexander McCauley

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov, 6, 1917

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
11	0	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In School.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Buchanan Co, Mo.

PARENTS
10. NAME OF FATHER: Newell A. McCauley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Buchanan Co, Mo.
12. MAIDEN NAME OF MOTHER: Fannie Beaupeurt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Buchanan Co, Mo.

14. INFORMANT: Newell A. McCauley
(Address): Faucett, Mo.

15. FILED Nov. 14, 1928 Mrs. Lucy Powell
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov, 12, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1928 to Nov. 12, 1928 that I last saw alive on Nov. 12, 1928, and that death occurred, on the date stated above, at 3.45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever
(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (SECONDARY) Probable Lobar Pneumonia
(duration) ..... yrs. ..... mos. 4 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? Clinical
(Signed) O. L. Hull M. D.
11.13, 1928 (Address) Farrar 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: Faucett Cemetery
DATE OF BURIAL: Nov, 14, 1928

20. UNDERTAKER: Walter Meier
ADDRESS: 1302 Faraon St.