JAN 22 1929

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

Do not use this space.

39663

1. PLACE OF DEATH
County Callaway — Registration District No. 102 — File No.
Township Jackson — Primary Registration District No. 6150 — Registered No. 231
City (No. St. Ward)

2. FULL NAME Thaddeus Andrew 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6th 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	3	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer. 1204 139
(b) General nature of industry, business, or establishment in which employed (or employer) X 1230
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hatton, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ben Fewell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lou Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway
(STATE OR COUNTRY) Co. Mo.

14. INFORMANT Wade Fewell
(Address) Auxvasse Mo.

15. FILED 12/14 1928 H. G. Thomas
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1928, to Dec 6th, 1928 that I last saw him alive on Dec 6th, 19, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis Acute, Caused by perforation from an Ulcer of Colon
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Disease of rectum
(duration) yrs. 3 mos. ds.

1140

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
3 DID AN OPERATION PRECEDE DEATH? yes DATE OF 10 or 12 yrs. ago
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Y. Heeme, M. D
, 19 (Address) Auxvasse 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: Auxvasse Cemetery — DATE OF BURIAL: Dec 7, 1928

20. UNDERTAKER: Hughes Maupin — ADDRESS: Auxvasse 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.