

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.

JAN 28 1929

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

Do not use this space.

42264

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Near Farmington (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 180
St. Ward)

2. FULL NAME Milton Monroe Hewitt

(a) Residence. No. Crystal City, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U.S., if of foreign birth? yrs. mos. da.

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) 12-1-64

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 0 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Atchison,
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Benj. Hewitt

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

12. MAIDEN NAME OF MOTHER Rebecka Stanley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Ind.

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 12-27-28 J. B. Robinson REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 19 28

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 19 28, to Dec 20, 19 28, that I last saw him alive on Dec 20, 19 28, and that death occurred, on the date stated above, at 110 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pulmonary Tuberculosis
31 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis and Epilepsy from seizures yrs. mos. da.

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) P. S. Tarr, M. D.

12-20, 19 28 (Address) Hoop #4 Farmington 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

Hospital Cemetery 12-20 1928

20. UNDERTAKER

Hoop No 4 - C Doubert, Farmington Mo. ADDRESS

