WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

6533

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 926 East 30th St. Ward)
File No.
Registered No. 696

2. FULL NAME John Henry Jewell
(a) Residence. No. Gashland Mo 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Sarah E. Jewell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-2-1859

7. AGE: YEARS 69 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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

165

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

2

PARENTS
10. NAME OF FATHER James E. Jewell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Phillipa Rowe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

8

8

14. INFORMANT Jack H. Jewell
(Address) 926 East 30th St.

15. FILED 2-11, 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-4, 1929 to 2-9-, 1929 that I last saw him alive on 2-9-, 1929, and that death occurred, on the date stated above, at 8:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
167A 1002
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Old age, weakened condition (duration) yrs. mos. 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 Symptoms
(Signed) Wm S Thomas M. D.
2-10, 1929 (Address) 314 Chambers Bldg

*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: Forest Hill Cemetery
DATE OF BURIAL: 2/11 1929

20. UNDERTAKER: Stine & McClure Univ. Co.
ADDRESS 3235 Gillham Plaza