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.

49
10
5

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

Do not use this space.
6940

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No. —

Township — Primary Registration District No. 2002 — Registered No. 75

City Joplin (No. , St. Ward)

2. FULL NAME Mrs. Mary E. Hewlett

(a) Residence. No. 1424 West Nelson St., Ward. Webb City Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August, 14th. 1870.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	5	26	

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

235

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

1

PARENTS

10. NAME OF FATHER Martin Clark

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

31

12. MAIDEN NAME OF MOTHER Ramsow

31

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

14. INFORMANT G. W. Hewlett
(Address) Webb City Mo.

15. FILED 2-11, 1929 Dr A B Clark REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11th. 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1929, to Feby 11, 1929 that I last saw her alive on Feby 10, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pyo nephritis
following Influenza
11B
133A (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Webb City Mo
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) H L Wilbur, M. D.
2/11, 1929 (Address) Joplin 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
Newtonia Mo.	2/13.29

20. UNDERTAKER	ADDRESS
Steele Und. Co.	Webb City Mo.

Dr. Wilson
711 Franco Bldg.