

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

Do not use this space.

36364

4774

1. PLACE OF DEATH

County Jackson
Township Kaw
City St. C. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 4774
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Edith May Hewitt
(Usual place of abode) Sanity Lutheran Hospital Ward. Paola Kans

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. J. Hewitt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-17-1892</u>		
7. AGE <u>38</u>	YEARS <u>7</u>	MONTHS <u>9</u>
		DAYS <u>9</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Ill.

PARENTS	10. NAME OF FATHER <u>Wm Deenogle</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Fannie Dunn</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT W. J. Hewitt
(Address) Paola Kans.

15. FILED 11-26-30 M. M. Cowe
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1930, to November 26, 1930 that I last saw her alive on Nov. 26 1930 and that death occurred, on the date stated above, at 4:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phyrototoxicosis
Thyroidectomy Nov. 24, 1930
605
665 (duration) one yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 600 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 24, 1930

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. Roegner M. D.
11-26-30 of St. Francis (Address) Kansas City, 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 Paola Kans DATE OF BURIAL 11/28/30

20. UNDERTAKER T. J. Metzler ADDRESS Paola, 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.

