

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

40398

APR 21 1930

PLACE OF DEATH Polk
 County Polk Registration District No. 707 File No. 40398
 Township Jooney Primary Registration District No. 3-9-36 Registered No. 6
 City Morrisville, Mo. St. _____ Ward _____

2. FULL NAME Jessie Elizabeth Sewell
 (a) Residence. No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 52 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 John Sewell
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 1878
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
52 7 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morrisville Mo
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER J. G. McQuinn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenness
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Henrie Ruyler
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morrisville
 (STATE OR COUNTRY) Mo.

14. INFORMANT John McQuinn
 (Address) Brighton Mo
 15. FILED Dec 16, 1930 Mrs. Hattie M. Taylor
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 7³⁰ 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928, to Dec 9, 1930, that I last saw her alive on Dec 7, 1930, and that death occurred, on the date stated above, at 7:20 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension
33 A (duration) 2 yrs. mos. ds.

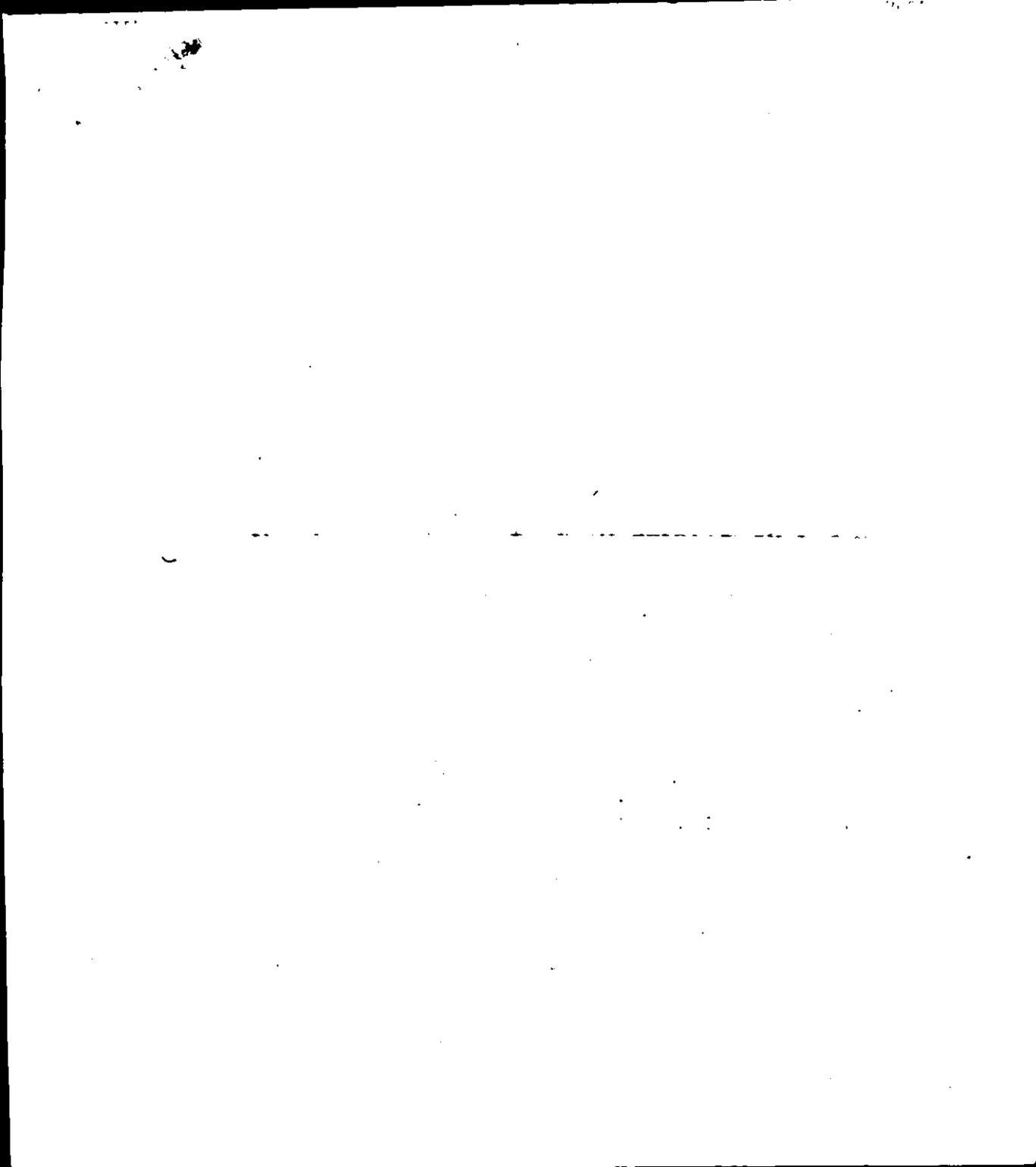
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS operation
 (Signed) C. S. Smith, M. D.
Dec 12, 1930 (Address) Balwin, 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 Brighton DATE OF BURIAL 12-12 1930
 20. UNDERTAKER White & Bin P. Gould ADDRESS Morrisville Mo

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**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Polk Registration District No. 707 File No.
 Township Looney Primary Registration District No. 3-936 Registered No. 6
 City..... St. Ward)

2. FULL NAME Laura Elizabeth Sewell
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

PARENTS

14. INFORMANT (Address)

15. FILED Dec 16 1930 Mrs. Hattie M. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw h..... after on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypernephroma
Tumor on Kidney
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)....., M. D.
 , 19 (Address)

*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 19.....

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-40398