

MAR 24 1934

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

Do not use this space.

4995

1. PLACE OF DEATH

County Crawford
Township Depton
City Cuba (No. 4140)

Registration District No. 230
Primary Registration District No. 5242

File No.
Registered No.
St. Ward)

2. FULL NAME

Lucy Annie Hewitt

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

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 Hewitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

13. NAME David Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT John Hewitt

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Church DATE Feb 27

19. UNDERTAKER J. E. Halloway

20. FILED Mar 2, 1934 G. G. C. Herzog Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jacobite, 1934, to Feb 23, 1934. I last saw her alive on Feb 23, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m. The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
2.3A.10
Other contributory causes of importance:
D.D.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) H. G. Kauderer, M. D. (Address) Cuba, 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.

