

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

Do not use this space.

34443

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No.         )

Registration District No.           
Primary Registration District No. 806  
Research Hosp.

File No.           
Registered No. 4158  
St.          Ward         

**2. FULL NAME**

Cora Fewell

(a) Residence, No.          St.          Ward. X

(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 <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>H.C. Fewell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27, 1894</u>		
7. AGE <u>37</u>	YEARS	MONTHS <u>5</u>
	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>	
	10. Date deceased last worked at this occupation (month and year) <u>        </u>	
11. Total time (years) spent in this occupation <u>        </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calhoun Mo.</u>		
FATHER	13. NAME <u>L.L. Richardson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Lulu Askins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calhoun Mo.</u>	
17. INFORMANT <u>H.C. Fewell</u> (ADDRESS) <u>Calhoun</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Mo.</u> DATE <u>Oct. 15, 1931</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood</u>		
20. FILED <u>10/13</u> , 19 <u>31</u> M. M. <u>Greene</u> Registrar.		

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931 to Oct 13, 1931  
I last saw her alive on Oct 12, 1931. Death is said to have occurred on the date stated above, at 6.00A m.  
The principal cause of death and related causes of importance were as follows:  
See medical records  
Went  
5:15  
1:27  
Date of onset 1931

Other contributory causes of importance: Peritonitis

Name of operation Hysterectomy Date of Oct 13  
What test confirmed diagnosis?          Was there an autopsy?         

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) Jay W. Jantz, M. D.  
(Address) 225 W. 57th

All information should be carefully supplied. A statement of OCCUPATION is very important.

225 W 52



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1931

**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..... Registration District No. 399  
 Township..... Primary Registration District No. 1007  
 City Kansas City (No. ....) St. .... Ward)

File No. 34443  
 Registered No. 4158

**2. FULL NAME**

Corra Jewell  
 (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 W  
(write the word)

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.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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)

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 10/13 1931 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....., m.

The principal cause of death and related causes of importance were as follows:

Subacute fibroid uterus Date of onset

Other contributory causes of importance: 5413

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.  
 (Address).....

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

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