

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

Do not use this space.

38702

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.

DEC 23 1931

1. PLACE OF DEATH

County Asperly
Township Elphinstone
City Naylor

Registration District No. 2871
Primary Registration District No. 5990

File No. 402
Registered No. 24

2. FULL NAME

George W. 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 <u>Male</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 <u>Parelee Sewell</u> (OR) WIFE OF <u>Parelee Sewell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 15 - 1863</u>		
7. AGE <u>68</u>	YEARS <u>5</u>	MONTHS <u>22</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Madisonville
(STATE OR COUNTRY) Hopkins Co. Ky.

PARENTS	10. NAME OF FATHER <u>James Sewell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Black</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT Parelee Sewell
(Address) Naylor mo

15. FILED 11/10 1931 H. Zeeb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1931
17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Nov 6, 1931 that I last saw him alive on Nov 6, 1931, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Ruptured compensations
131
950/31
10V/31 (duration) _____ yrs. _____ mos. 4 ds.
CONTRIBUTORY (SECONDARY) chronic nephritis and high blood pressure (duration) 3 (2) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical + x-rays
(Signed) H. Zeeb, M. D.
11/6 1931 (Address) Naylor

*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 Marlin Cem DATE OF BURIAL Nov. 8 1931

20. UNDERTAKER Mrs. Gish ADDRESS Naylor mo

