

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

Do not use this space.

9722

1. PLACE OF DEATH

88 County Randolph
Township Chariton
City..... (No..... St..... Ward)

Registration District No. 737
Primary Registration District No. 3-972

File No.....
Registered No.....

2. FULL NAME

Laura Mildred Jewles

(a) Residence. No..... St..... Ward.....
(Usual place of abode)
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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Tom B. Jewles
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 23 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 18
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer). 295
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Owen Elliott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sally Grady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY)

14. INFORMANT Mrs Willie Kiefer
(Address) Huntsville R.F.D.

15. FILED Mar 13 1932 O.T. Hutton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10, 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to July 9 1932 that I last saw him alive on Mar 8 1932 and that death occurred, on the date stated above, at 3-10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma
112
3 Years (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 112 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF ①
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O.T. Hutton M. D.
, 19 (Address) Huntsville 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 Hickory Grove DATE OF BURIAL Mar 12, 1932
20. UNDERTAKER H.C. Minor ADDRESS Huntsville

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.

APR 9 8 1932

