

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

Do not use this space.

26815

1. PLACE OF DEATH

69 County Monroe Registration District No. 581 File No. _____
 Township Monroe Primary Registration District No. 5778 Registered No. 29
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Joann 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>John F. Jewell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-20-1851</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>8</u>
	DAYS <u>3</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>131</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>82</u>
	10. Date deceased last worked at this occupation (month and year)	<u>1922</u>
	11. Total time (years) spent in this occupation	<u>2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Monroe, Co. Missouri</u>	
MOTHER FATHER	13. NAME	<u>Thomas Hardwick</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kentucky</u>
	15. MAIDEN NAME	<u>Farieth Youwell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Virginia</u>
17. INFORMANT (ADDRESS)	<u>Mrs W. A. James #2 Monroe City Mo R. 2</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>St. Stephens Cemetery</u>	DATE <u>Aug 25 1932</u>
19. UNDERTAKER (ADDRESS)	<u>Wilson + Son Monroe City Mo.</u>	
20. FILED	<u>Aug 24 1932</u>	<u>O. W. Wilson Registrar.</u>

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23rd 1932

22. I HEREBY CERTIFY, that I attended deceased from April 1912 to Aug 23rd 1932

I last saw her alive on July 8th 1932 Death is said to have occurred on the date stated above, at 10 p. m.

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

Cerebral Palsy
following a cerebral
intercranial tumor
1912
 Other contributory causes of importance:
Chronic Bright's
Green's Hyper-
tension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) M. D. Phillips, M. D.
 (Address) Monroe City, 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.

SEP 24 1932

