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.

3 ~~3043~~ 29926-2

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

Do not use this space. (B) 29926-2

1. PLACE OF DEATH
1 County Nodaway — Registration District No. 618 — File No.
2 Township Nodaway — Primary Registration District No. 4369 — Registered No.
2 City Burlington Jct (No. , St. Ward)

2. FULL NAME James Dew

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Terza Dew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 16th, 1852

7. AGE: YEARS 80 — MONTHS 1 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Tennesee

FATHER
13. NAME: Robert Dew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Jane Robbins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Terza Dew

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clearmont, Mo. DATE Sept 21st, 1932

19. UNDERTAKER (ADDRESS): Price Furniture Co. Maryville, Mo.

20. FILED Sep 20, 1932 G E Cassius Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1932, to Sept 19, 1932
I last saw him alive on Sept 17, 1932. Death is said to have occurred on the date stated above, at 11:40 a m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1931
131	

131 (1)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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) G E Cassius, M. D.
(Address) Burlington Jct Mo