

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

Do not use this space.

32636

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 41  
 7 Township W. Jones Primary Registration District No. 2002  
 5 City Jasper (No. 5021) Registered No. 12  
 Ward

**2. FULL NAME**

(a) Residence, No. Mr. & Mrs. Catherine Jewell 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 W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vincent B. Jewell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1844  
 7. AGE YEARS 88 MONTHS 6 DAYS 28  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house-works  
 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) Union Co. MO  
 13. NAME John Dall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
 15. MAIDEN NAME Guthrie Woods  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record  
 17. INFORMANT E. J. Weaver  
 (ADDRESS) \_\_\_\_\_  
 18. BURIAL CREMATION, OR REPOSING PLACE Calvary Ch. Oak Hill Tenn  
 19. UNDERTAKER (ADDRESS) \_\_\_\_\_  
 20. FILED \_\_\_\_\_ 1932 \_\_\_\_\_  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1932  
 22. I HEREBY CERTIFY, that I attended deceased from Oct 1 - Oct 10, 1932  
 I first saw her alive on Oct 10, 1932 Death is said to have occurred on the date stated above, at 11:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis  
 Date of onset 131  
 Other contributory causes of importance: 131  
 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) J. W. Gardner M.D.  
 (Address) J. W. Gardner

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. NOV 23 1932

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