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

Do not use this space. 38048

101

1. PLACE OF DEATH
County Shannon — Registration District No. 1074 — File No. 2
Township Bartlett — Primary Registration District No. 6072 — Registered No. 85
City .... (No. .... St. .... Ward)

2. FULL NAME William Fawckner Blewett

(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: M
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: ....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	71	2	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
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): 1917
11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Halifax Nova Scotia

FATHER
13. NAME: William A. Blewett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mary Crow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nova Scotia

17. INFORMANT: Bessie Blewett
(ADDRESS): 9th & Charlotte Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kansas City Mo — DATE: 11/21, 1932

19. UNDERTAKER: T. R. Barnes
(ADDRESS): Willow Springs Mo

20. FILED 12/17, 1932 — [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Nov 19, 1932

I last saw him alive on Nov 19, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Apoplexy — Date of onset: 1st stroke Feb 32, 1932

Other contributory causes of importance: ....

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) R. I. Davis, M. D.
(Address) Birch Tree 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.

THIS IS A PERMANENT RECORD

JAN 5 1933