

MAY 22 1933

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

Do not use this space.

12445

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital) Registered No. 401
Ward

2. FULL NAME

John Martin Hewins

(a) Residence, No. _____ St. _____ Ward. Wathena, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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 Ida M. Hewins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 11, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 1

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) Apr, 1933
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Co, Kansas

13. NAME Harvey G. Hewins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Maine

15. MAIDEN NAME Emma Tchudy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Maryland

17. INFORMANT Mrs. Ida M. Hewins (ADDRESS) Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Belmont Cemetery DATE Apr, 15, 1933

19. UNDERTAKER (ADDRESS) Walter Moeckel 1302 Faraon St, St. Joseph, Mo.

20. FILED 4-13-33 1933 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr, 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1931, to 4-12-33

I last saw him alive on 4-12-33 Death is said to have occurred on the date stated above, at 8:15 p.m.

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

Causes of primary bladder about 18 mos

510 54 510

Other contributory causes of importance: Diabetes mellitus 4 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) L. C. Nauman, M. D.
(Address) Kirkpatrick Bldg, St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

