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.

NOV 10 1933

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

Do not use this space.

McClure

35335

1. PLACE OF DEATH

100 County Scott — Registration District No. 851 — File No. 116

11 Township — Primary Registration District No. 607-0 — Registered No.

7 City Sikeston, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Fannie Sewell

(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 27 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Sterling Sewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23 1897

7. AGE: YEARS 36 — MONTHS 3 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year): Sept 15 1933

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid, Mo.

FATHER

13. NAME: Oscar Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Nellie Ashby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid, Mo.

17. INFORMANT (ADDRESS): Sterling Sewell, Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset DATE 1933

19. UNDERTAKER (ADDRESS): H. D. Welsh, Sikeston, Mo.

20. FILED 11/8/ 1933 Walter E. Lemo, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Oct 23, 1933

I last saw her alive on Oct 23, 1933 Death is said to have occurred on the date stated above, at 10 m.

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

Carcinoma of the Uterus — Date of onset

48

Other contributory causes of importance: 48

Name of operation: None — 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? .....

If so, specify .....

(Signed) Thomas C. McClure, M. D.

(Address) Sikeston, Mo