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.

MAR 24 1934

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

Do not use

4533

1. PLACE OF DEATH

County Gasconade — Registration District No. 308 — File No. 3

Township Bourbois — Primary Registration District No. 5426 — Registered No. 3

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME B L Sewell

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

Length of residence in city or town where death occurred 35 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: Cora Sewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-26-1865

7. AGE: YEARS 68 — MONTHS 11 — DAYS 11 — 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): 2-6-1934
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Red Bird Mo

FATHER

13. NAME: Geo Sewell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Serena Pryor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren Co Mo

17. INFORMANT (ADDRESS): C G Sewell Cuba Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: 2-9 1934

19. UNDERTAKER (ADDRESS): W E Lichlider St James Mo

20. FILED: 2-8 1934 Mrs Mattie Spurgeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1934, to Feb 7, 1934

I last saw him alive on 2-1-34, 19..... Death is said to have occurred on the date stated above, at 11 a m.

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

Gunshot of head (Suicidal) — Date of onset 2-7-34

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2-7, 1934

Where did injury occur? Gasconade Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Barn at home

Manner of injury: Gunshot

Nature of injury: Through Brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) William H Brewer, M. D.

(Address) St James Mo