

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 this space.

1. PLACE OF DEATH *Jasper*
 County *Jasper* Registration District No. *409*
 Township *Joplin* Primary Registration District No. *4242-5*
 City *Joplin* (No. *12th + Van Winkle*) File No. *5357*
 Registered No. *5* St. _____ Ward _____

2. FULL NAME *Rev. Edison A Jewett*
 (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 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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *May Jewett*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 30-1872*

7. AGE YEARS *61* MONTHS *8* DAYS *20* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Minister*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Christian*
 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) *Bay View Mo*

MOTHER
 13. NAME *CC Jewett*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*
 15. MAIDEN NAME *Nancy Archer*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jasper Co Mo*

FATHER
 17. INFORMANT (ADDRESS) *May Jewett Jasper Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Forest* DATE *2-21-34*
 19. UNDERTAKER (ADDRESS) *Funeral Home Co Joplin Mo*
 20. FILED *L 20* 19*34* *WRB addie* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-19-34*

22. I HEREBY CERTIFY, That I attended deceased from *June 6-33 to July 16-34*
 I last saw him alive on *2-16-34* Death is said to have occurred on the date stated above, at *257*
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Myocarditis
 Other contributory causes of importance *31*

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) *W. J. Loveland*, M. D.
 (Address) *Joplin Mo*

