

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

Do not use this space.

28052

SEP 19 1934

1. PLACE OF DEATH  
 108 County Nevada Registration District No. 875  
 2 Township Vernon Primary Registration District No. 3039  
 3 City Nevada St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alex Melton Jewell  
 (a) Residence, No. 706 W. Hughes St. Ward 1  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1854

7. AGE YEARS <u>80</u>	MONTHS <u>3</u>	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada

FATHER  
 13. NAME Cornelius Worthington  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont. Idaho

MOTHER  
 15. MAIDEN NAME Mercy Jones  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montpelier

17. INFORMANT Mrs. M. C. Schultz  
 (ADDRESS) 1000 S. Lake Miss

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton C. DATE 8-2-34

19. UNDERTAKER Ferry Funeral Home  
 (ADDRESS) Newton

20. FILED Aug 15 1934 M. Eichinger  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 - 1934

22. I HEREBY CERTIFY That I attended deceased from July 10<sup>th</sup>, 1934, until July 31<sup>st</sup>, 1934.  
 Last saw him alive on July 31, 1934, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Acute myocarditis Date of onset 7-12-34  
93A  
ABW

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Amerman, M. D.  
 (Address) Nevada, 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.

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