

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

Do not use this space.

MAR 7 5 1935

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1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. De Laub Hospital) St. Ward)

2. FULL NAME

Ellen Jewett
 (a) Residence, No. 3212 Barrett St., 10 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delaney P. Jewett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Ireland

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Nettie Ward (ADDRESS) 3212 Barrett St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 2-26-1935

19. UNDERTAKER N. A. Stock and Co (ADDRESS) 2117 E. Grand Blvd

20. FILED 25 1935 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19th 1935, to Oct. 23rd 1935. I last saw him alive on Oct. 23rd 1935. Death is said to have occurred on the date stated above, at 10:10 A. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall-Bladder
 Other contributory causes of importance: Obstructive jaundice
Intestinal obstruction

Name of operation Date of
 What test confirmed diagnosis? Phys. Exam 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) D. B. Sherman, M. D.
 (Address) 1114 W. Blvd.

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.

192. Johnson

Mrs. Theatre Club

Jan 9714

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