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.

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

MAY 27 1935

Do not use this space.

12668

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No.

Township — Primary Registration District No. 4227 — Registered No.

City West Plains, Mo. (No. ..... St. ..... Ward)

2. FULL NAME John Jewell

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MA
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie Jewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19-1853

7. AGE: 82 YEARS — MONTHS — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Shannon Co., Mo.

FATHER

13. NAME: Mack Jewell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee-

MOTHER

15. MAIDEN NAME: Malinda Flemings-

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs Maude Harmon, West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn — DATE: 4-23-1935

19. UNDERTAKER (ADDRESS): Robertsons Mortuary, West Plains Mo.

20. FILED: 4-22 1935 — Vida N Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him alive on Apr. 21, 1935. Death is said to have occurred on the date stated above, at 2:15 a.m.

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

	Date of onset
Senility	
Other contributory causes of importance	

Name of operation: None — 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) E. R. Kean, M. D.

(Address) West Plains, Mo.