

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

Do not use this space.

MAY 31 1935

**1. PLACE OF DEATH**

County Marion Registration District No. 549 File No. 13563  
 Township Marion Primary Registration District No. 3099 Registered No. 112  
 City Hannibal No. Leveing Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Nelma Coffman Sewellen

(a) Residence, No. 2330a Market St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur C. Sewellen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 27, 1871</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>7</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
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) <u>Hannibal Missouri</u>		
13. NAME <u>John R. Coffman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Lucinda Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Mrs U. Jones (Daughter)</u> (ADDRESS) <u>2907 Hubbell, Hannibal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand View</u> DATE <u>April 16, 1935</u>		
19. UNDERTAKER <u>Wm M. Smith</u> (ADDRESS) <u>302 Bury Hannibal, Mo</u>		
20. FILED <u>Apr 17 1935</u> <u>C. H. Scholtz</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1935 to Apr 14, 1935  
 I last saw h. alive on Apr 14, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of stomach Date of onset 2 yrs ago

Other contributory causes of importance:  
NO

Name of operation Gastrectomy Date of \_\_\_\_\_  
 What test confirmed diagnosis? Endoscopy 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) A. L. Cheek, M. D.  
 (Address) Hannibal, Mo

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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2030  
Scholtz

