JUN 24 1935

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

Do not use this space.

16447

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township ~~KAW~~ — Primary Registration District No. 1002 — Registered No. 1054
City KANSAS CITY (No. MENORAH HOSPITAL St. Ward)

2. FULL NAME WILLIAM ROWE JEWELL
(a) Residence, No. 6108 ROCKHILL ROAD St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
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 MRS. MINNIE SCOTT JEWELL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-10-1863
7. AGE: YEARS 71 — MONTHS 9 — DAYS 28 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CONTRACTOR +
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BUILDER
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) RACINE WISCONSIN

FATHER
13. NAME JAMES JEWELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER
15. MAIDEN NAME PHILABLI ROWE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT (ADDRESS) MR. WILLIAM ROWE JEWELL, JR. 6108 ROCKHILL ROAD
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MAY 9, 1935
19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS 2111 EAST 9TH ST.
20. FILED 5-8, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 28th, 1935, to May 7th, 1935
I last saw him alive on May 7th, 1935. Death is said to have occurred on the date stated above, at 9:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse cellulitis of neck & chest	May 10th 1935.
45	

Other contributory causes of importance:
Cancer of inside of cheek & neck (dur. 1 yrs.)
Primary Inside of right cheek
Cautery operation of:
Name of operation May 28, 1935 Date of
What test confirmed diagnosis? Labrator Was there an autopsy? no, at Menorah Hospital. K.C.Mo
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) C. D. Newman, M. D.
(Address) 1314 Proff. Bldg. K.C. 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.

100M-11-24-33

1314 Professional Bldg.
2:30-4:30