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.

JUN 24 1935

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

Do not use this space

16571

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 2022

City: Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME: William Henry Jewett

(a) Residence, No. Rte #1, DeSoto St., Ward. DeSoto, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edith Jewett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17, 1865

7. AGE: Years 69 — Months 7 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Illinois

FATHER

13. NAME: Edward Lewis Jewett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Margaret Shouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): David Wm Jewett, DeSoto, Kansas - Rte #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DeSoto KS. DATE: May 21 1935

19. UNDERTAKER (ADDRESS): H. E. Julien, Olathe, Kansas

20. FILED: May 19, 1935 M. M. Crane Asso
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/19/35, 19

22. I HEREBY CERTIFY that I attended deceased from Sixty Corner, 19..., I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 A.m.

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

Rupture of the small intestine

Ante peritonitis

Date of onset

Other contributory causes of importance:

Name of operation: Autopsy Date of: 1/24/35

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: 5/3/35
Where did injury occur? DeSoto KS (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Shrub in of dinner by
Nature of injury: Loss of wood

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) [signature], M. D.
(Address) [signature]