

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

Do not use this space.

26632

SEP 25 1935

1. PLACE OF DEATH

County Jackson Registration District No. 379
Township Rau Primary Registration District No. 1002
City Kennett Mo (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME

John B Sewell
(a) Residence, No. 1820 Howard High Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. - mos. - ds. - How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. QAN 1002

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 Ma B Sewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Christiansburg Ky.

13. NAME Franklin L. Sewell

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

15. MAIDEN NAME Nancy E. Bird

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christiansburg Ky.

17. INFORMANT (ADDRESS) Anna M. Sewell 818 Realto Bldg K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barren County DATE Aug 29 1935

19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence Mo

20. FILED Aug 28 1935 W. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935, to Aug 27, 1935

I last saw him alive on Aug 27, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia
1070a
Other contributory causes of importance:
acute dilatation of heart - caused by pneumonia.

Name of operation _____ 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) W. M. Brown M. D.
(Address) 818 Realto Bldg

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.

1938
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1864