DEC 11 1935

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

Do not use this space.

35224

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. 2406 Lafayette St. Ward)

File No.
Registered No. 1194

2. FULL NAME Mary Ann Hewett,
(a) Residence, No. 2406 Lafayette St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 James Hewett,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	1	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) November 1932
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenoxville, Quebec,

FATHER
13. NAME William Hart,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England,

MOTHER
15. MAIDEN NAME Ann Juler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Canada,

17. INFORMANT (ADDRESS) Mrs Frank D. Keyes 2406 Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem DATE Nov. 18th 1935

19. UNDERTAKER (ADDRESS) Heaton-Birole & Bowman 319 So. 10th St. Funeral Home

20. FILED 11-18, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/3, 1935, to 11/16, 1935
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Valvular Heart Disease	Unknown
97	

Other contributory causes of importance:

Senility

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Emmett F. Cook M. D.
(Address) 211 Phys & Surg Bldg

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.