

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

Do not use this space.

1795

FEB 10 1936

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 3097 Registered No. _____
 City Joplin (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

Mae Jewell
 (a) Residence, No. 2522 Perkins St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Vowield
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-1907
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Little Rock Ark

13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Harry Vowield (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin DATE Feb 3 1936

19. UNDERTAKER Parlier Mortuary (ADDRESS) _____

20. FILED 2-3-36 1936 Ed Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 81st 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 10th 1936 to Jan 30 1936
 (last saw her alive on Jan 30 1936 Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance Flu

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chol. 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 B Chapman, M. D.
 (Address) Joplin 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.

