

Dr. JUN 23 1936

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

Do not use this space. 7

1. PLACE OF DEATH

County Mason Registration District No. 577
Township Mason Primary Registration District No. 5099
City Hannibal (No. Severing Hospital) St. 6 Ward)

File No. 20036
Registered No. 148
St. 6 Ward)

2. FULL NAME Sarah T. Jewellen

(a) Residence, No. 2330 1/2 Market St. 6 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 J. R. Jewellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 - 1849

7. AGE YEARS 86 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

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) Bedford Co. Virginia

13. NAME James M. Nimmo

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

15. MAIDEN NAME Harriet Nelson

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

17. INFORMANT (ADDRESS) Arthur R. Jewellen
Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Cem. DATE May 9, 1936

19. UNDERTAKER (ADDRESS) W. J. Schuyler
Hannibal Mo.

20. FILED May 8, 1936 K. O. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 7, 1936. I last saw her alive on May 7, 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Fractured leg at hip joint Date of onset 5-3-36

Other contributory causes of importance:

Shock

Name of operation none 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? no
If so, specify

(Signed) J. B. Chilton, M. D.
(Address) 200 Broadway
Hannibal, Mo.



**MISSOURI STATE BOARD OF HEALTH
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13
Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 20036
 Township Hannibal Primary Registration District No. 3029 Registered No. _____
 City Hannibal (No. Revering & Hoop) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
86 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked in this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/31 1936 W. M. Lucke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-7-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Fractured leg at hip joint Date of onset _____

Other contributory causes of importance: _____

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? Accident Date of injury 5/1/1936

Where did injury occur? Hannibal, Marion Co., Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury fell on glass

Nature of injury fracture of leg at hip joint

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. C. Chilton M. D.

(Address) Hannibal, Mo.

S-20036