

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No.)

Registration District No. *791*
Primary Registration District No. *1003*
6287 Marmaduke St.

File No. *10874*
Registered No. *3448*
St. Ward)

2. FULL NAME

(a) Residence, No. *6287 Marmaduke St.* Ward *3*
(Usual place of abode)

Length of residence in city or town where death occurred *79* yrs. *10* mos. *16* 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Wm Hewitt</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 10, 1857</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than day, hrs. or min.
<i>35</i>	<i>79</i>	<i>10</i>	<i>16</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>
	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)
*Richie Co West Virginia*13. NAME
*John CORNELL*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Rich Tyler Co West Virginia*15. MAIDEN NAME
*Wells*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Richie Co West Virginia*17. INFORMANT (ADDRESS)
*Groce Sewlaer 6287 Marmaduke*18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
*Calia, Mo. 3/28 37*19. UNDERTAKER (ADDRESS)
*A.B. Touchard & Co Calia, Mo.*20. FILER
Jt. Bridock Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 26 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1* 19*37* to *Mar 26* 19*37*
I last saw her alive on *Mar 24* 19*37* Death is said to have occurred on the date stated above, at *6:30 p.m.*

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

Apoplexy

Other contributory causes of importance:

Hypertension

Name of operation..... 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) *John Corcell*, M. D.(Address) *5005A Groves*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X0314

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.

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