

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1937

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

Do not use this space.

20852

1. PLACE OF DEATH

County Oregon Registration District No. 631
 Township Keokuhong Primary Registration District No. 4351
 City Keokuhong (No. 63) St. _____ Ward _____

2. FULL NAME Richard Jewell

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Hawkins</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-11-1877</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>57</u>	<u>60</u>	<u>1</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	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) <u>Oregon Co. Mo</u>				
FATHER	13. NAME <u>Thomas Jewell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Wm Jewell Thayer Jr.</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keokuhong</u> DATE <u>5/8</u> 19 <u>37</u>				
19. UNDERTAKER <u>Pro J. Carr. Thayer Jr.</u> (ADDRESS)				
20. FILED _____ 19 _____ <u>Courtney Richardson</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

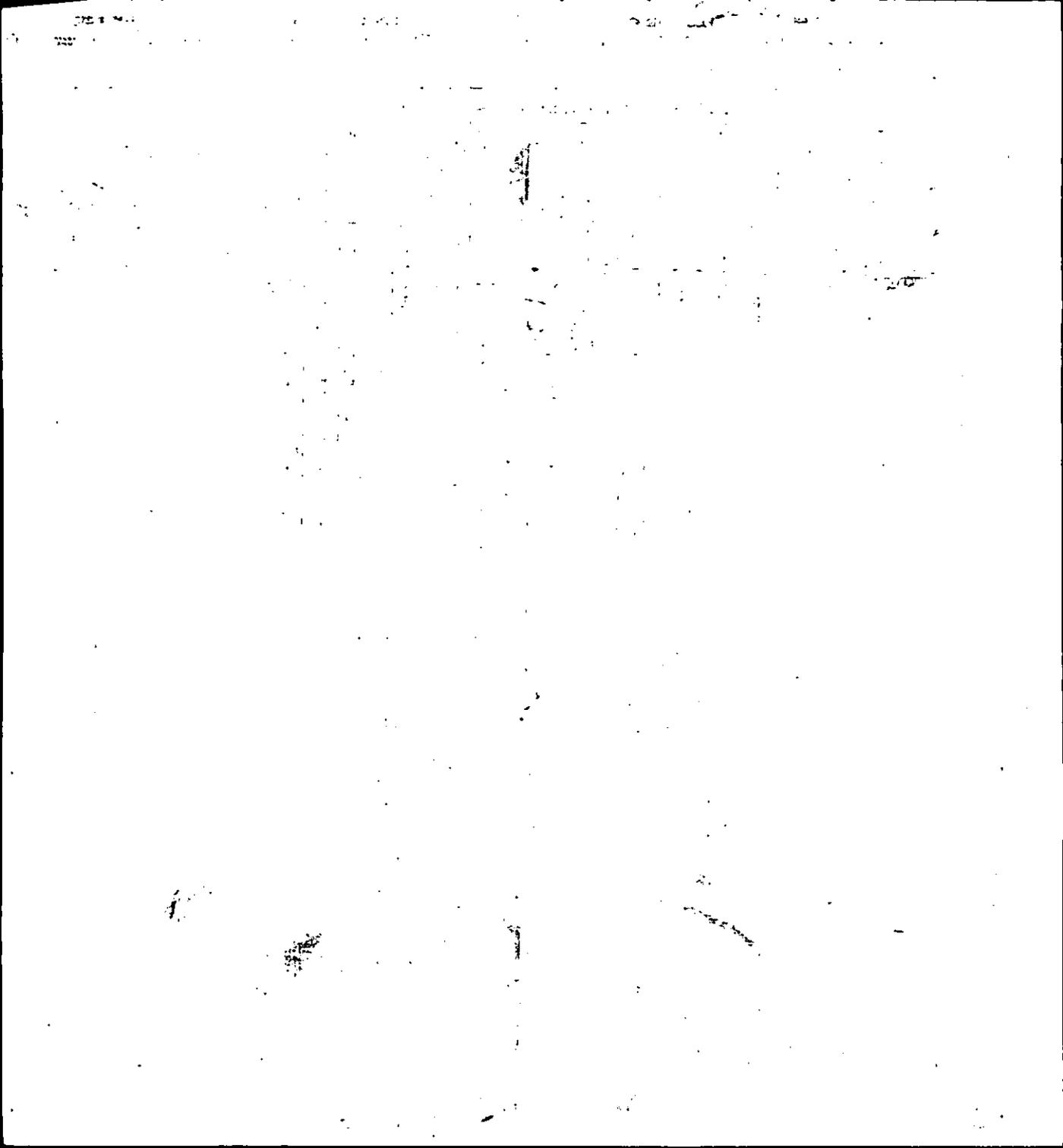
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7 1937

22. I HEREBY CERTIFY, That attended deceased from 4/27 1937, to 5/7 1937
 I last saw him alive on 5/7 1937. Death is said to have occurred on the date stated above, at 3:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Broncho
Acute Cardiac Deletaria
 Other contributory causes of importance: 10/10
 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) Manuel Thompson, M. D.
 (Address) Keokuhong Mo



S-20852