

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

Do not use this space.

JUN 28 1937

File No. 21095  
Registered No. 153  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 3034-2  
City Moberly (No. 612 So 4th St.)

2. FULL NAME

(a) Residence, No. 612 So 4th St 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 Male 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 Laura Jewellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3<sup>rd</sup> 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
56 1 29

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer

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) Mo

13. NAME Gasper Jewellen

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

15. MAIDEN NAME Stance Featherston

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

17. INFORMANT Mrs Laura Jewellen

(ADDRESS) Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia DATE June 4<sup>th</sup> 1937

19. UNDERTAKER Mahon Anderson

(ADDRESS) Moberly Mo.

20. FILED Jun 3 1937 Ethel Blitch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2<sup>nd</sup> 1937

22. I HEREBY CERTIFY That I attended deceased from one year just 2<sup>nd</sup> 1937

I last saw him alive on June 1<sup>st</sup> 1937 Death is said

to have occurred on the date stated above, at 7:20 m.

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

Carcinoma of Internal Viscera Date of onset

Other contributory causes of importance: 3

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) M. E. Landrum M. D.

(Address) Moberly, 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.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pandolph  
Township  
City Moberly (No. .... St. .... Ward)

Registration District No. 735  
Primary Registration District No. 3034

File No. 21095  
Registered No. .... St. .... Ward)

**2. FULL NAME**

Thomas G. Leavelle

(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) m

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

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

7. AGE YEARS 56 MONTHS 1 DAYS 29 If LESS than 1 day, .... hrs. or .... min.

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 at 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 June 3 1937 Ethel Blunt Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1937

22. I HEREBY CERTIFY That I attended deceased from ..... 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:

Carcinoma of Intestinal Date of onset  
2:30  
no P.M.

Other contributory causes of importance:  
Primary cause unknown

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) M. E. Leavelle M. D.  
(Address) Moberly Mo

SUPPLEMENTARY

53

REGISTRARS SHALL NOT IN ANY CASE BE HELD RESPONSIBLE FOR THE COMPLETION OF THIS CERTIFICATE UNTIL THEY ARE COMPLETED BY LAW.

5-21095