

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township KAW  
City Kansas City

Registration District No. 385  
Primary Registration District No. 1  
(No. #1 Police Station)

File No. 29677  
Registered No. 221  
SE  
Ward

2. FULL NAME

Thomas Sewell

(a) Residence, No. 2300 North Early K.C.K. St., Ward.

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. (If nonresident, give city or town and State)

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 Josephine Orth Sewell  
(OR) WIFE OF

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

Sept. 9, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

57

10

27

OCCUPATION

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

Meat Cutter

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

Wholesale Meat Mkt.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35 yr

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) England

FATHER

13. NAME Thomas Sewell

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Mary Gavin

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) England

17. INFORMANT

Mrs. Josephine Sewell  
(ADDRESS) 2300 No. Early K.C.Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Calvary KCK DATE Aug. 9, 1937

19. UNDERTAKER

(ADDRESS) Nugent Funeral Home  
919 State Ave. K.C.Kansas

20. FILED

8-8 1937 M.M. Crowe, asst.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1937 to 1937.

I last saw him alive on 2288, 19. Death is said to have occurred on the date stated above.

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

Cholelithiasis

Date of onset

75

Other contributory causes of importance:

Name of operation W Date of 7/31

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Violence Date of injury 7/31, 19.

Where did injury occur? Specify city, town, county, and State)

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

Manner of injury Violence

Nature of injury Violence

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

If so, specify Violence

(Signed) M.M. Crowe, M. D.

(Address) K.C.

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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