

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Christian
Township Franklin
City Franklin (No.)

Registration District No. 184
Primary Registration District No. 5255

File No. 37423
Registered No. 29
St. Ward

2. FULL NAME

Andrew Jackson Hewitt

(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

MEDICAL CERTIFICATE OF DEATH

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 Minnie Hewitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, 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.

FATHER 13. NAME John Hewitt

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

MOTHER 15. MAIDEN NAME Rebecca Wilkerson

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

17. INFORMANT (ADDRESS) Minnie Hewitt Chadwick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadows DATE Sept 29, 1937

19. UNDERTAKER (ADDRESS) B. G. Klepper Clark Mo

20. FILED Nov 5, 1937 Luella Leonard Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1937

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 11:45 a.m.

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

Date of onset

Apoplexy

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? 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) J. W. Maples Clarke M. D.

(Address) Cleaver Mo

Certificate of Death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

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