

NOV 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Lawrence  
Township Lincoln  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 469  
Primary Registration District No. 5630

File No. 38066  
Registered No. 22 Ward \_\_\_\_\_

## 2. FULL NAME

Hettie Eugene Jewin  
(a) Residence, No. 711 1/2 Miller St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred all life yrs. 7 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 2 14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Lawrence Co. Mo.  
(STATE OR COUNTRY)

13. NAME Samuel Giles

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

15. MAIDEN NAME Martha E. Ruank

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

17. INFORMANT Sam Jewin  
(ADDRESS) Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lawrence DATE 8-24-1935

19. UNDERTAKER Mourning Heiman  
(ADDRESS) Miller Mo.

20. FILED 10-10 1935 W. S. Bussler  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1935, to Aug 24, 1935

I last saw her alive on Aug 23, 1935. Death is said to have occurred on the date stated above, at 8:10 p.m.

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

Carcinoma of Stomach of long standing duration

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? symptoms 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) L. S. Palmer M. D.  
(Address) Miller Mo.

