

REC'D MAY 17 1938

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

15058

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1. PLACE OF DEATH

County Lafayette
Township Floyd
City Concordia, Mo.

Registration District No. 457
Primary Registration District No. 4271

File No. 15058
Registered No. 8
St. 300 Ward)

2. FULL NAME

Cecily Hewitt

(a) Residence, No. Floyd St., 300 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Lula Mae Hewitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1907

7. AGE YEARS 31 MONTHS 8 DAYS 26 IF LESS THAN 1 day, hrs. or min.

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

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) engaged 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stumwood, Mo.

13. NAME Benjamin F. Hewitt

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

15. MAIDEN NAME Anna Carr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Over Timber, Mo.

17. INFORMANT Mr. B. F. Hewitt (ADDRESS) Concordia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Pentecost DATE April 26, 1938

19. UNDERTAKER E. S. James (ADDRESS) Concordia, Mo.

20. FILED April 25, 1938 Berlinand Shryman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23, 1938

22. I HEREBY CERTIFY, that I attended deceased from 8/29/33 to 4/23/38

I last saw him/her alive on 4/22/38, 1938. Death is said to have occurred on the date stated above, at 12:00 m.

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

Cardiac Apoplexy Date of onset

Other contributory causes of importance 12/4/37

Arteriosclerosis of heart

Name of operation — Date of —
What test confirmed diagnosis? — 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?
If so, specify —
(Signed) Fleming M. Lessor M. D.
Concordia, Mo.

412 (Address) Concordia, 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.

