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.

REC'D MAY 17 1938

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

Do not use this space.

15062

54
6
1

1. PLACE OF DEATH
County Lafayette
Township 0
City Lexington, Mo. (No. , 3024 St. Ward)

Registration District No. 461
Primary Registration District No. ~~5625~~

File No. 32
Registered No.

2. FULL NAME Robt Fewell, Jr. 400

(a) Residence, No. Myrick Rd. 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. 5 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Son of Robert Fewell, Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, '38

7. AGE: Years ----- Months -- Days -- If LESS than 1 day, 38 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Lexington, Mo. 0

FATHER
13. NAME Robert Fewell, Sr. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun, Mo 0

MOTHER
15. MAIDEN NAME Naomi Morgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayview, Mo

17. INFORMANT (ADDRESS) Robert Fewell, Sr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Praire Church DATE April 13 1938

19. UNDERTAKER (ADDRESS) Father & Pete Cole buried body

20. FILED Apr. 13, 1938 F. B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Birth, 19 , to 9:00 A. April 12, 1938
I last saw him alive on April 12, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia - Pre-natal	D. K.
Prematurity - 1½ mos.	

Other contributory causes of importance:

159

Name of operation None Date of —
What test confirmed diagnosis? P. S. 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) [signature], M. D.
(Address) Lexington, Mo.