

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

OCT 10 1938

31186

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 31186
Township Shaw Primary Registration District No. 1002 Registered No. 3483
City Kansas City (No. Northeast Hospital) St. _____ Ward _____

2. FULL NAME

Thomas L. Hews

(a) Residence, No. 2404 East 30th Street St. _____ Ward _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5th 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hedwig Hews

22. I HEREBY CERTIFY, That I attended deceased from Aug 18th 1938 to Sept 5th 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1890

I last saw him alive on Sept 5th 1938. Death is said to have occurred on the date stated above, at 1005th E.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 0 16

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

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

Streptococci Infection starting in ears, later to Cervical Glands, neck and chest
Date of onset 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Illinois

Other contributory causes of importance: Pneumonia, Lobar

13. NAME Abraham L. Hews

Name of operation incision & Date of 8/24/38

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

What test confirmed diagnosis? Microscopy Was there an autopsy? no

15. MAIDEN NAME Nellie Carter

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

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

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

17. INFORMANT (ADDRESS) Mrs. Hews L. Hews 2404 E. 30th

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo. DATE 9-6-38

Manner of injury ✓ Nature of injury ✓

19. UNDERTAKER (ADDRESS) Stine & McClure Kansas City, Missouri

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED Sept 5 1938 M. M. Brown Registrar

(Signed) D. S. Rasmussen M. D.
(Address) 601 - Chambers Bldg

W.C. Mo

