

REC'D OCT 20 1938

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

32197
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township 1 Primary Registration District No. 2001 Registered No. 681
(c) City Springfield (d) Street No. 528 1/2 S. Jefferson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY LYDIA JEWETT

(a) Residence, No. 528 1/2 S. Jefferson St. (If nonresident, give city or town and State)
(Usual place of abode, if not street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1856</u>		
7. AGE	YEARS	MONTHS
<u>✓</u>	<u>82</u>	<u>2</u>
		DAYS
		<u>17</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woodstock, Illinois</u>	
	13. NAME <u>Wm. Henry Jewett</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Watertown, N. Y.</u>	
	15. MAIDEN NAME <u>Elizabeth Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rome, N. Y.</u>	
17. INFORMANT (ADDRESS) <u>Herman Janss 528 1/2 S. Jefferson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelwood</u> DATE <u>Sept. 3, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H. C. Phigenz Springfield, Mo.</u>		
20. FILED <u>9-2</u> 1938 <u>Chas. C. Stone, No. 290</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1937, to 9-1-38, 1938
I last saw her alive on Sept-1, 1938 Death is said to have occurred on the date stated above, at 5:15 A.M.
The principal cause of death and related causes of importance were as follows:
malignancy of stomach probably carcinoma
Date of onset don't know

Other contributory causes of importance: 4/0 senility

Name of operation _____ Date of _____
What test confirmed diagnosis? palpation clinical signs 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) Mary Jean Atherton, M. D.
(Address) 333 E. Mc Daniel

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Ralph Thieme

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Ralph Thieme

Licensed Embalmer No. *3681*

P. O. Address *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.