

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.

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

Do not use this space.

1. PLACE OF DEATH

County Warren
 Township Springfield
 City Jerome (No.)

Registration District No. 356
 Primary Registration District No. 1800

File No. 23627
 Registered No. 4
 St. Ward)

2. FULL NAME

(a) Residence No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chryse Jewell

I HEREBY CERTIFY, That I attended deceased from Jan 4 1928, to July 17 1928, and that I last saw him alive on June 14 1928, and that death occurred, on the date stated above, at p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 - 1846
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

82 6 9

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

9. BIRTHPLACE (CITY OR TOWN) Warren Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Gas Madison Jewell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Chryse Cannon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)

14. INFORMANT Edo Jewell
 (Address) Windsor Mo

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Danmetz A Poague, M.D
7/21 1928 (Address) Bellevue Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 2-1-28
J.P. Allen
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wt Olney DATE OF BURIAL July 19 1928

20. UNDERTAKER W.C. Huston ADDRESS Windsor Mo

