

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

Do not use this space.

40421

**1. PLACE OF DEATH**

County Henry Registration District No. 344

Township Pres. Primary Registration District No. 4207

City City of Calhoun (No. ....) St. .... Ward)

File No. ....

Registered No. 2

**2. FULL NAME**

William Calvin Fewel

(a) Residence. No. .... St., .... Ward. .... (If nonresident give city or town and State)

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

**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**

Maribel Fewell

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept 14 1847

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
83	3	27	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Calhoun Mo.

**10. NAME OF FATHER**

Ben C Fewel

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

**12. MAIDEN NAME OF MOTHER**

Therese Durnitt

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

**14. INFORMANT**

Mrs M. C. Fewel  
(Address) Calhoun

**15. FILED**

Jan 2 19 30 Mrs. A. W. Gray  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Dec 11 19 29

**17.**

I HEREBY CERTIFY, That I attended deceased from 11:00 a.m. 5, 1929, to 1:00 p.m., 1929.

That I last saw him alive on Feb 11, 1929, and that death occurred, on the date stated above, at.....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

arterio-sclerosis 92A  
162

**CONTRIBUTORY (SECONDARY)**

impairment of old age

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

**WHAT TEST CONFIRMED DIAGNOSIS.....**

(Signed) C. C. Banta, M. D.

, 19 (Address) Calhoun, 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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Calhoun Cemetery Dec 13 19 29

**20. UNDERTAKER**

**ADDRESS**

J. H. Housey, Calhoun 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.

171  
1  
2

4  
1930

