

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

Do not use this space.

17775

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Henry Registration District No. 352  
Township Albion Primary Registration District No. 4209  
City Mountain Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Richard B Jewell

(a) Residence. No. \_\_\_\_\_ 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. 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 15

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1931  
17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931 to May 24 1931 that I last saw him alive on May 18 1931, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cystitis + Uremic Poison

13.5B 132B - / 30 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Samuel A. Pagnan M. D.  
5/25 1931 (Address) Clinton 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 Mountain Mo DATE OF BURIAL 5/26 1931

20. UNDERTAKER J. Leavitt ADDRESS Mountain Mo

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

9. BIRTHPLACE (CITY OR TOWN) Windsor, Mo  
(STATE OR COUNTRY) Johnson Co Mo

10. NAME OF FATHER Richard B Jewell  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bozeman Mo  
12. MAIDEN NAME OF MOTHER Angie Avery  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) White Co Tenn

14. INFORMANT Mae Jewell  
(Address) Clinton Mo

15. FILED May 25 1931 J. Miller REGISTRAR

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

JUN 26 1931

