

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

Do not use this space.

37952 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Prairi Primary Registration District No. 5553B
 City Littlefield (No. Jackson, C. Neel) St. _____ Ward _____

File No. _____
 Registered No. 217
 St. _____ Ward _____

2. FULL NAME

Jahyn Sewall
 (a) Residence, No. J. C. Home 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 <u>Male</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>9-28-1873</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>13</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass.</u>	
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>J. W. H. Oslette</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>unknown</u> DATE <u>11-12</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>K. C. Home</u>		
20. FILED <u>11-12</u> 19 <u>31</u> <u>H. S. James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1931 to 11-11 1931
 I last saw him alive on 11-9 1931. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis
131 131
 Other contributory causes of importance:
S.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? no
 If so, specify _____
 (Signed) H. S. James M. D.
 (Address) Independence Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 22 1931

