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

Do not use this space.

33970

JAN 5 1928

1. PLACE OF DEATH
County Lafayette
Township Clay
City (No. ..... St. ..... Ward)

Registration District No. 46 P
Primary Registration District No. 5622 C

File No.
Registered No. 25

2. FULL NAME Wm Dudley Sewell

(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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or WIFE OF)~~ Mollie Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15, 1857

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 2 | 6 | |

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

9. BIRTHPLACE (CITY OR TOWN) Wellington
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER David Sewell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary Ford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Leon Sewell
(Address) Wellington Mo

15. Nov 21, 1927 F. W. Mann REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Nov. 20, 1927, that I last saw him alive on Nov 20, 1927, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemoradge
928
97 74 A
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) 2 yrs. ..... mos. ..... ds.

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) J. A. Francis, M. D
Nov 21, 1927 (Address) Wellington 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: Wellington Mo
DATE OF BURIAL: Nov. 23 1927

20. UNDERTAKER: Ernest Fegert
ADDRESS: Lexington 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.

THIS IS A PERMANENT RECORD