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

Do not use this space.

7050

1. PLACE OF DEATH
County Lafayette
Township Dover
City Confederate Home No. ..... St. ..... Ward)

Registration District No. 460
Primary Registration District No. 5623-B

File No. .....
Registered No. 12

2. FULL NAME James Menefee Pew.
(a) Residence. No. Confederate 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: 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 Mary Jane (Taylor) Pew.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20-1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	89	6	9	

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

9. BIRTHPLACE (CITY OR TOWN) Roccastle
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER John (Jack) Pew.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Gemima Pew.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT H. Chambers and Mrs. J. M. Pew
(Address) Confederate Home

15. FILED 2-27 1929 Bessie C. Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1929, to Feb 27, 1929 that I last saw him alive on Feb 27, 1929, and that death occurred, on the date stated above, at 2:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) Empyema

(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-17-29
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. DeVoine Guyot, M. D.
, 19 (Address) Higginsville 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: Confederate Home
DATE OF BURIAL: 2/27 1929

20. UNDERTAKER: A. H. Hoder Higginsville Mo
ADDRESS

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.

WHITE PEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

54
0
0
1
2
2
2