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

Do not use this space.

File No. 1132-V
121

JAN 23 1933

1. PLACE OF DEATH

County Henry
Township Clinton
City (No.) St. Ward)

Registration District No. 347
Primary Registration District No. 3018

Registered No. 121

2. FULL NAME Harvey Fewell

(a) Residence, No. Clinton Mo Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Nellie Fewell

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. No Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County

13. NAME Cas Fewell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County

15. MAIDEN NAME Emma Coppage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

17. INFORMANT (ADDRESS) Herford Fewell Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL Clinton Colored DATE 1-4-33

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Mo

20. FILED 1-4 1933 Ed C. Peelor Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1932, to Jan 2 1933.

I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 12:00 A.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (follow) and Flu

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

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) K. K. Hamilton , M. D.
(Address) Clinton Mo