

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

Do not use this space.

8205

MAY 25 1934

1. PLACE OF DEATH

County Cedar Registration District No. 104
Township Benton Primary Registration District No. 2229
City (No. _____) St. _____ Ward _____

File No. 146
Registered No. _____

2. FULL NAME Lula Mae 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gay Sewell

22. 3 I HEREBY CERTIFY, That I attended deceased from 3-8, 1934, to 3-12, 1934

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

I last saw h. 2 alive on 3-12, 1934 Death is said to have occurred on the date stated above, at 8 pm m.

7. AGE 51 YEARS 5 MONTHS 27 DAYS If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset _____

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

Other contributory causes of importance:
Diabetes Mellitus
& T. B.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co., Mo.

13. NAME Robert Elliston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Rachel King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Gay Sewell
(ADDRESS) Series 379 mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Arma E. Lee DATE 3-13, 1934

19. UNDERTAKER Long & Son
(ADDRESS) Series 379 mo

20. FILED 4-10, 1934 Ma. May Heifner
Registrar.

Name of operation Funerals 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? _____
If so, specify _____

(Signed) G. H. Bamster, M. D.
(Address) Jerico Springs Mo.

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

1964

1964

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cedar
Township Clinton
City _____ (No. _____) _____ (Ward _____)

Registration District No. 164
Primary Registration District No. 5229

File No. _____
Registered No. 146

2. FULL NAME

Lula Mae 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Jewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>5</u>	<u>21</u>		

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co

13. NAME Robert Elliston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Rachel King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Guy Jewell

18. BURIAL, CREMATION, OR REMOVAL PLACE Ann Edwards Cem DATE 3/13 1934

19. UNDERTAKER (ADDRESS) Genie Spry

20. FILED 8-10 1934 Mrs. May Hedger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-8 1934 to 3-12 1934

I last saw him alive on 3-12 1934. Death is said to have occurred on the date stated above, at 8 pm m.

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

Diabetes Mellitus
Mellitus & T. B. Pulmonum

Name of operation No Date of _____
What test confirmed diagnosis? Benedict's 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? If so, specify _____

(Signed) G. B. Banister, M. D.
(Address) Genie Spry

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

SUPPLEMENTARY
 Diabetes Mellitus
 Mellitus & T. B. Pulmonum
 No
 Benedict's
 G. B. Banister
 Genie Spry

5-8206

10-10-20