

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

Do not use this space.

3496

1. PLACE OF DEATH

69 County Monroe Registration District No. 581
 3 Township Monroe Primary Registration District No. 4343
 0 City Monroe city (No. _____) St. _____ Ward _____

2. FULL NAME Charles Jewell. 400

(a) Residence, No. 203 E. Lawn St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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 Lucy Jewell.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1854
 7. AGE YEARS 88 MONTHS 10 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer.
 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) Monroe Mo

FATHER
 13. NAME Phillip Jewell.

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

MOTHER
 15. MAIDEN NAME Maney Brown.

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

17. INFORMANT Mrs. Hattie O. Daniel
 (ADDRESS) Monroe city mo

18. BURIAL, CREMATION, OR REMOVAL Holy Rosary DATE Jan. 22 1938

19. UNDERTAKER Wilson + Son
 (ADDRESS) Monroe city mo

20. FILED 1/21 1938 W. D. D. Register
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to Jan 20 1938
 I last saw _____ alive on Jan 20 1938. Death is said to have occurred on the date stated above, at 7 1/2 p. m.
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset Jan 10 1938
Chronic
phthisis & tubercle
of renal disease

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Chromal 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) W. D. D. Register, M. D.
 (Address) Monroe city 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

V. S.

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