

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 1002
 City Kansas City, Mo. (No. R.C. General Hosp St. _____ Ward)

File No. 39790
 Registered No. 4797

2. FULL NAME

Jerry Sewall
 (a) Residence, No. 422 Spring Hand Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 63 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ballman
 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) Dept. Kansas

13. NAME Dept. Knerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dept. Knerr

15. MAIDEN NAME Dept. Knerr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dept. Knerr

17. INFORMANT Record office General Hosp (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 12-16-32

19. UNDERTAKER Juris & John E (ADDRESS)

20. FILED 12/16/32 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1932 to 12-13, 1932

I last saw him alive on 12-13, 1932. Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Other contributory causes of importance: 108 108

Name of operation ⓪ 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) J. J. [Signature] M. D.
 12. 15 1932 521 R.C. Gen. Hosp. Kansas City, Mo. (Address)

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.

AUG 30 1945