

RECEIVED

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH *Boonville, Jackson Co. District No. 73*
County of *Boonville*
City of *Boonville* (No. *21* St.)
BUREAU OF VITAL STATISTICS

State File No. *52373*
Local Registrar's No. *22*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME *George Kew*

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. R.—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. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *married*
(Write the word)

6. DATE OF BIRTH *Oct 12 1887*
(Month) (Day) (Year)

7. AGE *78* Yrs. *3* Mos. *12* ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work *Retired*
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) *Scotland*

10. NAME OF FATHER *Thomas Kew*

11. BIRTHPLACE OF FATHER (State or Country) *Scotland*

12. MAIDEN NAME OF MOTHER *Elizabeth Archibald*

13. BIRTHPLACE OF MOTHER (State or Country) *Scotland*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Miss Mary Judd*
(Address) *Boonville, Mo.*

15. Filed *Jan 29* 19 *26* *W. H. ...* Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 24 1926*
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from *Jan 23 1926* to *Jan 24 1926*
that I last saw him *alive* on *Jan 24 1926*
and that death occurred on the date stated above, at *10:30* AM.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia
Influenza

(Duration) *3* yrs. *3* mos. *3* ds.

Contributory (Secondary) *Bronchial Pneumonia*
Influenza

(Signed) *H. J. ...*
19 (Address) *Boonville, Mo.*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death *...* yrs. *...* mos. *...* days. State *...* yrs. *...* mos. *...* ds.
Where was disease contracted if not at place of death?
Former or usual residence *...*

19. PLACE OF BURIAL OR REMOVAL *Boonville* DATE OF BURIAL *Jan 29 1926*

20. UNDERTAKER *...* ADDRESS *Boonville, Mo.*