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.

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

**PLACE OF DEATH**

County: Macon

Township: ~~Not Known~~ 5705 Lehonton

or Village:

or City: N. Ardmore (NO. ____ St.: ____ Ward)

Registration District No. 529

Primary Registration District No. 5705

File No. 41964

Registered No. 18

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

**FULL NAME** Rev Early Lewis

**PERSONAL AND STATISTICAL PARTICULARS**

| SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Male | Black | Married |

DATE OF BIRTH: June 3 (Month) (Day), 1854 (Year)

AGE: 57 yrs. 6 mos. 9 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Preacher
(b) General nature of industry, business, or establishment in which employed (or employer): Ministerial

BIRTHPLACE (City or town, State or foreign country): Pike Co Georgia

PARENTS
- NAME OF FATHER: Gaderson Lewis
- BIRTHPLACE OF FATHER (City or town, State or foreign country): Not Known
- MAIDEN NAME OF MOTHER: Not Known
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): Georgia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Lewis

(ADDRESS) Kinnsville Mo

Filed 12-15-1911 F. L. Trippeer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

DATE OF DEATH: December (Month) 8 (Day) 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 5, 1911, to 12-12, 1911, that I last saw him alive on 12-12, 1911, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Gastritis Complications
Kidney & Heart trouble
V.R.
1524
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) F. L. Trippeer M. D.

12-13 1911 (Address) College Mound

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Ardmore Mo | 12-14 1911 |

| UNDERTAKER | ADDRESS |
|---|---|
| J H Hightower | Ardmore Mo |

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many c. es, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of cause of death.**—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

**PLACE OF DEATH**

County: Macon

Township: Chariton

or Village:

or City: (NO. , St.: Ward)

Registration District No. 529 File No.

Primary Registration District No. 5705 Registered No. 18

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

**FULL NAME** Rev Early Lewis

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: Male

COLOR OR RACE: Black

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

DATE OF BIRTH: June 3, 1857 (Month) (Day) (Year)

AGE: 57 yrs. 6 mos. 9 ds. If LESS than 1 day, hrs. or min.

OCCUPATION
(a) Trade, profession, or particular kind of work: Preacher
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Pine Log Georgia

PARENTS
NAME OF FATHER: Anderson Lewis
BIRTHPLACE OF FATHER (City or town, State or foreign country): Unknown
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Georgia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Lewis

(ADDRESS) Huntsville Mo

Filed 12-15, 1912 X. L. Trippeer M.D. REGISTRAR

Original file, date 252 A. 1911, 19..

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Dec 12, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 5, 1911, to 12-12, 1911, that I last saw him alive on 12-12, 1911, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows: Gastritis complicated with Bright's disease of kidneys & mitral stenosis (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) X. L. Trippeer M.D.

12-9, 1912 (Address) College Mound

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Ardmore Mo

DATE OF BURIAL: 12-14, 1911

UNDERTAKER: J. W. Hightower

ADDRESS: Ardmore Mo

All information called for must be written on this Supplementary Certificate.

SUPPLEMENTARY

Exact statement of OCCUPATION is very important. Do not use vague terms or abbreviations. Do not use "Housekeeper" unless it is your business. Do not use "Laborer" unless you work for wages. Do not use "Farmer" unless you own or rent a farm. Do not use "Merchant" unless you own a store. Do not use "Manufacturer" unless you own a factory. Do not use "Clerk" unless you work in a store. Do not use "Student" unless you are a student. Do not use "Retired" unless you are retired. Do not use "Unemployed" unless you are unemployed. Do not use "Housewife" unless you are a housewife. Do not use "Farmer's wife" unless you are a farmer's wife. Do not use "Farmer's daughter" unless you are a farmer's daughter. Do not use "Farmer's son" unless you are a farmer's son. Do not use "Farmer's child" unless you are a farmer's child. Do not use "Farmer's family" unless you are a farmer's family. Do not use "Farmer's household" unless you are a farmer's household. Do not use "Farmer's home" unless you are a farmer's home. Do not use "Farmer's farm" unless you are a farmer's farm. Do not use "Farmer's land" unless you are a farmer's land. Do not use "Farmer's property" unless you are a farmer's property.

# Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

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