LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

[stamp:] AN 22 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37891

CE OF DEATH.
County Henry Registration District No. 14 File No.
Township Primary Registration District No. 4211 Registered No. 31
City Windsor (No. St. Ward)

ULL NAME Squire J. Lewis

(a) Residence. No. Windsor Mo St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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

X ...le | 4. COLOR OR RACE Negro | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

TE OF BIRTH (MONTH, DAY AND YEAR) July 6 - 1860

E	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	5	4	

CUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

RTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

. NAME OF FATHER Anthony Cunningham

. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

. MAIDEN NAME OF MOTHER Ada Lewis

. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

INFORMANT Mr Cecil Miller
(Address) Windsor Mo

FILED Dec 2 1926 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10th 1926

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1926, to Dec 10th, 1926
that I last saw him alive on Nov 28th, 1926 and that death occurred, on the date stated above, at 7.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis
over (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valvular disease of heart Dont know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. A. Bradley, M.D.
, 19 (Address) Windsor Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo. | DATE OF BURIAL Dec 12 1926

20. UNDERTAKER Chas A Carter | ADDRESS Windsor

V. S. No. 2.

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

MARGIN RESERVED FOR BINDING

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.

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MISSOURI STATE BOARD OF HEALTH

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CERTIFICATE OF DEATH

1. PLACE OF DEATH

County.................................... Registration District No.................................... File No....................

Township.................................... Primary Registration District No.................................... Registered No. ....

City.................................... (No.................................... ....St. ....W

2. FULL NAME ....

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer)....................................

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)....................................
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)....................................
(STATE OR COUNTRY)

14.
INFORMANT ....
(Address)

15.
FILED.................., 19........ .... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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death occurred, on the date stated above, at ....m.

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....

....

....

....................................(duration)..........yrs. ....mos.

CONTRIBUTORY....................................
(SECONDARY)

....................................(duration)..........yrs. ....mos.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?....................................

DID AN OPERATION PRECEDE DEATH?.......... DATE OF....................

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WHAT TEST CONFIRMED DIAGNOSIS?....................................

(Signed)....................................

, 19 (Address)

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURI[AL]

20. UNDERTAKER | ADDRESS