OCT 24 1927

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

Do not use this space.

26577

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 980

City: St. Joseph, (No. 1905½ Frederick Ave. St. Ward)

2. FULL NAME Charles W. Lewis

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

Length of residence in city or town where death occurred 15 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy J. Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May, 29, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	3	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Armour Packing Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co, Mo.

PARENTS

10. NAME OF FATHER: William H. Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Margaret Naylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: W. H. Lewis
(Address): 1302 No. 18th. St.

15. FILED SEP 25 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept, 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1927, to Sept 24, 1927 that I last saw him alive on Sept 23, 1927, and that death occurred, on the date stated above, at 11.20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

928 (duration) about 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 908 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Quickly

(Signed) H. W. Carr, M. D.

Sept. 24, 1927 (Address) 301 Phys & Surg Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Plattsburg, Missouri — DATE OF BURIAL: Sept, 26, 27

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Farann St.

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.