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.

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

Do not use this space.

33707

1. PLACE OF DEATH
County Jackson — Registration District No. 39 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4477
City Kansas City (No. 3539 Virginia St. Ward)

2. FULL NAME George V. Lewis
(a) Residence. No. 3539 Virginia St., 13 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 18, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	57	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Secretary-Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer) Barada & Page
(c) Name of employer

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

PARENTS
10. NAME OF FATHER William Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia
12. MAIDEN NAME OF MOTHER Mary Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Maysie Badger Lewis
(Address) 3539 Virginia

15. FILED 11/25, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1925, 19__, to Nov 22, 1927 that I last saw him alive on Nov 22, 1927, and that death occurred, on the date stated above, at 4:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis with
12 Abroken Compensation
23D
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocardial Disease
(duration) 10 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
11/22, 1927 (Signed) Harry L. Jones, M. D
(Address) 602 Argyle - K C 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.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cemetery — DATE OF BURIAL 11-22 1927

20. UNDERTAKER Steve + McClure — ADDRESS 924 Oak

Dr. Harry L. Jones
602 Argyle Bldg.
VI-0848

2-5

Vora

HP 7148