

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

Do not use this space.

37104

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. _____
 City Kansas City (No. 1311 East 33rd St.) St. 4929

2. FULL NAME Mary Dosier Lewis

(a) Residence. No. 1311 East 33rd St., Ward. _____ (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 13 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 10, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>6</u>
		<u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Missouri
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Robert Austin Lewis
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Audrian Co., Missouri
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Elizabeth Anne
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

14. INFORMANT J. V. Seymour
 (Address) 1311 East 33rd St
 15. FILED 1/28/27 M. M. Crowe
 Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26 19 27

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 19 27, to Dec 26 19 27, that I last saw her alive on Dec 26 19 27, and that death occurred, on the date stated above, at 8:35 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
bilateral
936 (duration) yrs. mos. 6 da.
 CONTRIBUTORY Chronic myocarditis
 (SECONDARY) (duration) yrs. 5 mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
1/27/27 (Signed) E. P. Monahan, M. D.
1927 (Address) 406 W. 11th St

*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 Forest Hill Cem DATE OF BURIAL 12/28/27
 20. UNDERTAKER Steve F. McClure ADDRESS 924 Oak

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.

2002

10/10/02