

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

Do not use this space.

38774

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **841**) **Gano** St. Ward)

File No.
Registered No. **11505**
St. Ward)

2. FULL NAME

Tellie S. Lewis

(a) Residence. No. **811 Gano** St. **9** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Norman V. Lewis**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **5-17-1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 7 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employee).....
(c) Name of employer **Self**

9. BIRTHPLACE (CITY OR TOWN) **Met. Franklin Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **J. J. Jordan**

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

12. MAIDEN NAME OF MOTHER **Margaret Crews**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Not known**
(STATE OR COUNTRY)

14. INFORMANT **Ed. S. Lewis**
(Address) **730 Baden Ave**

15. FILED **23 1927** **May 6 Starr** off. REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 22 19 27**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 22 19 27** to **Dec 22 19 27** that I last saw him alive on **Dec 22 19 27** and that death occurred, on the date stated above, at **15 m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS: **67.**
100% pneumonia of the stomach
46 P? (duration) yrs. **6** mos. da.

CONTRIBUTORY (SECONDARY) **440** (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **Erwin Kern** M. D.
, 19 (Address) **1914 S. Grand**

*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 **Moberly Mo** DATE OF BURIAL **Dec 24 19 27**

20. UNDERTAKER **Goodhart & Goodhart** ADDRESS **2228 St. Louis Ave**

NEVER, 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.

