

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

Do not use this space 2594

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **Stain Mo** (Name) **Campton on cashes** St. Ward (If nonresident give city or town and State)

File No. **149**
 Registered No. **149**
 St. Ward

2. FULL NAME

(a) Residence. No. **4058 Lindell** St., **19** Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joy R Lewis</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>1-30-1868</i>		
7. AGE	YEARS	MONTHS
	<i>59</i>	<i>11</i>
		DAYS
		<i>4</i>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <i>Motorman</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>Burkeston</i> (STATE OR COUNTRY) <i>Mo</i>		
PARENTS	10. NAME OF FATHER <i>Jno V Lewis</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Mo</i> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <i>Mary or Bradley</i>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Mo</i> (STATE OR COUNTRY)	
14. INFORMANT <i>Wm B Lewis</i> (Address) <i>4058 Lindell</i>		
15. FILED <i>man b Starkoff</i> 19. <i>1928</i> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 4 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at *65th a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Crown thrombosis
94B *Wma*
 (duration)..... yrs. mos. da.

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

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
20. WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS?
57^c 28 (Signed) *Coronel*, M. D.
 (Address) *Coronel*

*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 *Burkeston Mo* **DATE OF BURIAL** *1-7 1928*

20. UNDERTAKER *Alexander Sews* **ADDRESS** *617th Belmont*

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.

WHILE PLAINLY, WITH UNFADING IMPRESSION THIS IS A PERMANENT RECORD

