

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.

14018

1928

1. PLACE OF DEATH
 County Madison Registration District No. 578
 Township Fredericktown Primary Registration District No. 6728
 City Fredericktown (No. 300) St. _____ Ward _____

2. FULL NAME Artie G. Lewis

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Ada Johnson Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2 - 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>7</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Lead mines
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Alpin Co Ind.

10. NAME OF FATHER Geo. Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Laura Myers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. Laura Lewis
 (Address) Fredericktown Mo

15. FILED of 30 1928 C. W. Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1927, to April 25, 1928 that I last saw him alive on April 25, 1928, and that death occurred, on the date stated above, at 5:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perniciou anemia
7 1/2 (duration) yrs. — mos. — da.

CONTRIBUTORY (SECONDARY)
7 1/2 (duration) yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) E. B. Haigson, M. D.
April 19 1928 (Address) Fredericktown, 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 Fredericktown Mo **DATE OF BURIAL** Apr. 27 1928

20. UNDERTAKER Ed. H. Webb **ADDRESS** Fredericktown Mo

