

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

Do not use this space.

16310

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City..... (No.....) St. Ward)

File No.
Registered No. 513132

2. FULL NAME

Mary Lewis
(a) Residence, No. Saxton Mo. R.R. #1 St. 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 1880

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hra. ormin.
	<u>47</u>	<u>7</u>	<u>23</u>	

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 employer).....
(c) Name of employer.....

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

PARENTS

10. NAME OF FATHER William Cruick

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Henry C. Lewis
(Address) Saxton Mo. R.R. #1

15. May 28 1928
FILED J. J. Z...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1927, to May 28, 1928 that I last saw h. alive on April 25, 1928, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1371P
Bright disease
duration yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY)

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

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

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) J. K..., M. D.
St Joseph (Address)

*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 Helena Mo DATE OF BURIAL May 30 1928

20. UNDERTAKER Heaton - Be Gale + Bowman ADDRESS 319 So. 10th St Joseph Mo

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.

JUL 5

