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

Do not use this space.
16316

1928

1. PLACE OF DEATH
County: Butler
Township: Coon Island
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 88
Primary Registration District No. 6268

File No. .....
Registered No. .....

2. FULL NAME: Lilly B Lewis
(a) Residence. No. Neelyville Mo 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. ..... ds. 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thad Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 4, 1883

7. AGE: Years 45 | Months 0 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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): Unknown
(STATE OR COUNTRY): Texas

PARENTS
10. NAME OF FATHER: Henry Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Ann Thelps
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Missouri

14. INFORMANT: Thad Lewis
(Address): Neelyville, Mo.

15. FILED 5, 2, 1928 R. L. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1928, to May 1, 1928, that I last saw h. alive on May 1, 1928, and that death occurred, on the date stated above, at 5 00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Malarial Fever
38 5
(duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Chronic Malaria
(duration) 15 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? No Laboratory test
(Signed) R. L. Turner, M. D
, 19 (Address) Neelyville 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: Pike Slough cemetery
DATE OF BURIAL: May 3 1928
20. UNDERTAKER: Friends & neighbors
ADDRESS: —

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.

THIS IS A PERMANENT RECORD