

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

Do not use this space.

26659

1. PLACE OF DEATH

County Cape Gir.
Township _____
City _____

Registration District No. 120
Primary Registration District No. 3009
(No. St Francis Hospital St. _____ Ward)

File No. 1185
Registered No. _____

2. FULL NAME Emma Sarah Lewis

(a) Residence No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

female white married

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

R. C. Lewis

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

Dec 10, 1876

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>51</u>	<u>8</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
(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) Cape Gir. Co. Mo.

10. NAME OF FATHER

Steve Scarlett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Sarah Emma Witt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Cape Gir. Co.

14. INFORMANT

R. C. Lewis
(Address) Cape Girardeau Mo.

15. FILED

8/25/28 10:00 am
REGISTRAR

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

8/25 1928

17.

I HEREBY CERTIFY That I attended deceased from 3/28, 1928, to 8/25, 1928, that I last saw him alive on 8/25, 1928, and that death occurred, on the date stated above, at 11:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

CONTRIBUTORY (SECONDARY)

44 (duration) yrs. 6 mos. ds.
46 (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Path & Laboratory findings

(Signed) George St. Shalko, M. D.

(Address) Cape Girardeau 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

DATE OF BURIAL

Lorimer Cern. Aug 26 1928

20. UNDERTAKER

ADDRESS

Walther Undert Co Cape Gir. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

