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

Do not use this space.

36078

83

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 1953

City St. Joseph, (No. 308 North 13th. St. Ward)

2. FULL NAME Nancy Belle Lewellen,

(a) Residence. No. 308 North 13th. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	8	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pulaski County,
(STATE OR COUNTRY) Kentucky,

PARENTS

10. NAME OF FATHER John L. Elder,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Sciota Rainwater,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Miss Sarah Lewellen
(Address) 308 North 13th. Street.

15. FILED NOV 3 1928 John G. Jeth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Nov 2, 1928 that I last saw h alive on , 19 , and that death occurred on the date stated above, at 4:20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis General

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrage

(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M S Gray, M. D

11/7, 1928 (Address) St Joseph 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: Mount Auburn Cemetery — DATE OF BURIAL: Nov. 5 1928

20. UNDERTAKER: Heaton Bigelow Bowman — ADDRESS: 315 S. 10 St.

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

[redacted]