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

Do not use this space.

1763

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kans. T. — Primary Registration District No. 1007
City Kansas City — (No.) 8100 Independence Blvd. — File No. — Registered No. 355 — (St. — Ward)

2. FULL NAME William J. Lewis

(a) Residence. No. 25 Brooklyn Ave. Kansas City.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown
7. AGE — Years: about 47 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 17
(c) Name of employer: 814 114
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

PARENTS
10. NAME OF FATHER: Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Wilgus Robinson
(Address) 8100 Independence Blvd

15. FILED 2-4-29 M. M. Evans Asst. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 22 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1923 to Jan 22, 1929, that I last saw h/Mrs. alive on Jan 22 1929, and that death occurred, on the date stated above, at 10:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Respiratory Paralysis due
Bulbar Palsy
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) 7 yrs. mos. 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? Symptoms
(Signed) Wilgus A Robinson, M.D
Jan 23, 1929 (Address) 8100 Ind Road

*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: Forest North Cedar — DATE OF BURIAL: Jan 25 1929
20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD