

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

Do not use this space.

1967

1. PLACE OF DEATH

County Jackson
Township Broken
City Independence (No. _____)

Registration District No. 403
Primary Registration District No. 5557

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Independence R.F.D. #5 Ward. _____
(Usual place of abode)

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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 9 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) North Carolina

10. NAME OF FATHER Wm F. Lewis

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

12. MAIDEN NAME OF MOTHER Elizabeth

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

14. INFORMANT Robt L. Lewis
(Address) 3214 Morton K.C. Mo

15. FILED 1-30 1929 Wm Hobbs
REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-30 19 29

17. I HEREBY CERTIFY That I attended deceased from 12-18, 1928, to 1-30, 1929, that I last saw him alive on 1-30, 1929, and that death occurred, on the date stated above, at 3400 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pericarditis

112
908 (duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. 0 1/2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physician's Signs
(Signed) W. H. Roberts, M.D.
30, 1929 (Address) Raytown, 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 Brookings Cem DATE OF BURIAL Jan 31 1929
20. UNDERTAKER Ott & Mitchell ADDRESS Indep.

2 1929 48 0 0
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.

61-9m-0844'

April 25-187