

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

Do not use this space

5152

two

FEB 25 1929

1. PLACE OF DEATH

County Janey Registration District No. 859
Township Braunson Primary Registration District No. 6128
City Braunson (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Martha Angelina Lewallen

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 2 5

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) (STATE OR COUNTRY) Sade Co. Mo.

10. NAME OF FATHER Bice Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Betty Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Jess Lewallen
(Address) Braunson Mo

15. FILED 1/20, 1929 Pa Thornhill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20 19 29

17. I HEREBY CERTIFY That I attended deceased from about Jan 1, 1929, to one visit, 19... that I last saw her alive on Jan 1, 1929, and that death occurred, on the date stated above, at her home.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Do not know.
1203
Saw her some 2-3 weeks ago with some bowel disturbance
CONTRIBUTORY (SECONDARY) disturbance (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

9 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. E. Jelle, M. D.

1-20, 1929 (Address) Springfield 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
Lewallen Cemetery 1/21 19 29

20. UNDERTAKER ADDRESS
R. O. Whelchel, Braunson

106
1
6
33
1
31
31

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.

