

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

Do not use this space.

6857

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4110 Flora Avenue)

Registration District No. 399
Primary Registration District No. 1002

File No. 1024
Registered No. 1024
St. _____ Ward _____

2. FULL NAME

George Lewis
(a) Residence. No. 4110 Flora St. 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) Missouri

10. NAME OF FATHER Wm. J Lewis

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

12. MAIDEN NAME OF MOTHER Josephine Gosner

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

14. INFORMANT Mrs. Marion White
(Address) 4110 Flora

15. FILED 3/1, 1929 M. M. Corneil REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to July 27 1929, that I last saw him alive on July 26 1929, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
40E (duration) 6 yrs. 6 mos. 6 da.

CONTRIBUTORY (SECONDARY)

144/10 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. unknown

0 DID AN OPERATION PRECEDE DEATH. DATE OF _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL 3/1/29
WHAT TEST CONFIRMED DIAGNOSIS Cholera
(Signed) Chas. Sandy, M. D.

Feb 27, 1929 (Address) 531 Argyle Blvd

*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 St. Washington DATE OF BURIAL 3/1/29

20. UNDERTAKER W. L. Lunday Sons ADDRESS Kansas City Mo

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.

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be clearly documented and supported by appropriate evidence. This includes receipts, invoices, and other relevant documents that can be used to verify the accuracy of the records.

In addition, the document highlights the need for regular audits and reviews. By conducting periodic checks, any discrepancies or errors can be identified and corrected promptly. This helps to ensure the integrity and reliability of the financial information being reported.

Furthermore, the document stresses the importance of transparency and accountability. All parties involved in the process should be kept informed of the progress and any potential issues. This fosters trust and ensures that everyone is working towards the same goals.

Finally, the document concludes by reiterating the significance of these practices. Consistent record-keeping, regular audits, and open communication are essential for the success of any organization. By following these guidelines, you can ensure that your financial records are accurate, reliable, and easy to understand.