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

Do not use this space.
6857

399

1. PLACE OF DEATH

County: Jackson — Registration District No.: 2
Township: Kaw — Primary Registration District No.:
City: Kansas City (No. 4110 Flora Avenue St. Ward)

File No.: 11021
Registered No.: 11021

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. 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)
Male	White	Widowed

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

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

PARENTS
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 Wilkinson
(Address) 4110 Flora

15. FILED 3/1, 1929 M. M. Carsone
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 Feb 27, 1929, that I last saw h. alive on Feb 26, 1929, and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
46E abdomen (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? unknown
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Clinical diagnosis
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas Sandy, M. D.
Feb 28, 1929 (Address) 531 Argyle Bldg

*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
Mt. Washington	3/1/29

20. UNDERTAKER	ADDRESS
R O Lindsay Sons	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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