

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

Do not use this space.

10378

APR 24 1929

PLACE OF DEATH
County Morrison Registration District No. 334
Township Bethany Primary Registration District No. 4127
City Bethany (No.) St. Ward)

File No. 488
Registered No.
St. Ward)

2. FULL NAME Luticia Jane Lewis
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) - WIFE OF John Lewis Deane
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28-1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 | 2 | 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home-work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Kokomo
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Chas Justice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Adeline Orton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Joe Lewis
(Address) Bethany Mo

15. FILED 4-10-29 W. J. Wham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 25 1929
17. I HEREBY CERTIFY That I attended deceased from Mar 8, 1929, to Mar 25, 1929.
That I last saw her alive on Mar 25, 1929, and that death occurred, on the date stated above, at 7 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sclerosis
97 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 720 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 720
IF NOT AT PLACE OF BIRTH?

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. F. Weale, M. D.
Mar 17, 1929 (Address) Bethany 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 Monson Cemetery DATE OF BURIAL Mar 27 1929

20. UNDERTAKER S. M. Paas ADDRESS Bethany 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.

23
2
31
131

