WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 27 1929

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis. Registration District No. 785 File No. 22474

Township Primary Registration District No. 3037 Registered No. 100

City Kirkwood. (No. St. Ward)

2. FULL NAME Maylon, Lewis.

(a) Residence. No. 421 Lee Ave. St., Ward. (If nonresident give city or town and State)
(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: XXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June, 3. - 1929

7. AGE: YEARS | MONTHS | DAYS: I | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(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: Arthur, T. Lewis.

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

12. MAIDEN NAME OF MOTHER: Ida, J. Lewis.

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

14. INFORMANT: Arthur, T. Lewis. (Address) 421 LeeAve, Kirkwood, Mo.

15. FILED 7/10, 1929. C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1929

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1929, to June 3, 1929, that I last saw him alive on June 3, 1929, and that death occurred, on the date stated above, at 4 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status Lymphaticus
67 (Enlarged Thymus)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 62

(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Otto D. Seabaugh, M.D.

June 3, 1929 (Address) 111 N Lockwood Webster Groves 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: St. Matthews, Cemetery, | DATE OF BURIAL: June, 6-1929

20. UNDERTAKER: Louis. H. Bopp. | ADDRESS: Kirkwood. MO.