MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 799

Do not use this space.
24793

1. PLACE OF DEATH
County: Jackson — Registration District No.: 1002 — File No.: 3205
Township: Raw — Primary Registration District No.: — Registered No.:
City: K. C. Mo. (No. 1317 Askew St. Ward)

2. FULL NAME: Laura Ann Kern Lewis
(a) Residence. No. 1317 Askew St., 12 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: Fe
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 12-1831

7. AGE: Years 97 — Months 3 4 — Days 12 — If LESS than 1 day, hrs. or min.

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): New York

PARENTS
10. NAME OF FATHER: James Kern
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Polly Sanford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

14. INFORMANT: Mrs Pilcknich
(Address): 1317 Askew

15. FILED 7/25, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 25 1929

17. I HEREBY CERTIFY, That I attended deceased from occasionally until true 1929 to 1929 that I last saw her alive about six weeks ago and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infirmities of age, high b.p. and poor circulation - tachycardia, acute uremia

(duration) 5 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY) acp 135C 95A 107 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: X
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No DATE OF:
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. Gerson, M. D.
7/25, 1929 (Address) 909 Rialto

*State the DISEASE CAUSING DEATH, or if 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: Elmwood — DATE OF BURIAL: July 26 1929
20. UNDERTAKER: Rose & Henderson — ADDRESS: Kirby, Mo

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.

Dr Powers
27 Indiana