Dr Lerbode

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

Do not use this space.

25438

1. PLACE OF DEATH
County: Pettis — Registration District No.: 668 — File No.:
Township: — Primary Registration District No.: 3032 — Registered No.: 213
City: Sedalia (No. 318 Sr Engineer St. 2 Ward)

2. FULL NAME: Mrs Maggie Lewis

(a) Residence. No. 318 Sr Engineer St. 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Moses B Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 11th 1849

7. AGE: Years 80 — Months 5 — Days 27 — If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): for Self
(c) Name of employer:

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

PARENTS

10. NAME OF FATHER: (??) Nelson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Do not Know
12. MAIDEN NAME OF MOTHER: Do not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

14. INFORMANT: Mrs Jessie Beeman
(Address): Sedalia Mo

15. FILED 7-10, 1929 — J. S. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to July 8, 1929 that I last saw her alive on July 8th, 1929 and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Myocarditis

1 mo
gas ?
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr Nephritis Interstitial

? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Jno B Carlisle, M. D
7/10, 1929 (Address) Sedalia 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: Sedalia Mo — DATE OF BURIAL: July 11 1929

20. UNDERTAKER: McLaughlin Bros — ADDRESS: Sedalia

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.

1929 80 5 8