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

Do not use this space.

233

File No. 76

Registered No.

85

Registration District No.

Primary Registration District No. 1001

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Norwood Earl Lewis,
(a) Residence. No. St., Ward. 4 1/2 M. N.E., Rochester Road.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

FEB 18 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16th. 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	12	0	3	

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

9. BIRTHPLACE (CITY OR TOWN) Gentry,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Earl Elsworth Lewis,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Darlington,
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Almira Wood,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gentry,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Earl E. Lewis
(Address) R. F. D. # 3, St. Joseph, Mo.

15. FILED JAN 20 1930 19.. John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19. 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Jan 19, 1930 that I last saw him alive on Jan 19, 1930, and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute appendicitis - Ruptured
Gangrenous
1/18/30
1/19/30 (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) General Peritonitis
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 18, 30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) J. G. Thompson, M. D.
1/20, 1930 (Address) 825 Charles - St Joseph

*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 Snyder Cemetery, Gentry, Missouri.
DATE OF BURIAL Jan. 20 1930

20. UNDERTAKER Heaton - Belsole & Bowman
ADDRESS 319 S. 10 St.
Funeral Home