

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

Do not use this space.

2501

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Meramee Primary Registration District No. 6032
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 326

2. FULL NAME

Earl R. Lewis
(a) Residence No. Glencoe, Mo 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-22-1979

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 24

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) Glencoe
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Dave Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Co
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Maryle Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dickson
(STATE OR COUNTRY) Mo

14. INFORMANT Dave Lewis
(Address) Glencoe Mo

15. FILED 2/9 1930 P. E. Barnett M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1930, to Jan 15, 1930 that I last saw him alive on Jan 15, 1930 and that death occurred, on the date stated above, at _____ p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Intero Colitis

(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) S. L. Dewhirst, M. D.

Jan 16, 1930 (Address) Pond, 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 DATE OF BURIAL

Bethel Cem-Pond Mo Jan 17, 1930

20. UNDERTAKER ADDRESS

Schrader Und. Co Gallwin Mo

