

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

Do not use this space.

16565

File No. 13
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Montserrat Primary Registration District No. 55-93
City _____ (No. _____)

2. FULL NAME Harry Cagel Lewis

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maymie Lewis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 20 1900</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>11</u>	DAYS <u>2</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Knobnoster
(STATE OR COUNTRY) MO

10. NAME OF FATHER Frank Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Oliver Bell Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) De Soto
(STATE OR COUNTRY) MO

14. INFORMANT Mrs Harry Lewis
(Address) Montserrat MO

15. FILED 5/23 1930 Jack Koch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1930
17. I HEREBY CERTIFY, That I attended deceased from May 15, 1930 to May 22, 1930 that I last saw him alive on May 22, 1930 and that death occurred, on the date stated above, at 4-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
① Vacuolar Disease Ple.
② Chr. hepatitis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) ① Pneumonia T.B.
② Chr. hepatitis
(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
(Signed) W. Brown, M. D.
, 19 _____ (Address) Knobnoster 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 Knobnoster MO DATE OF BURIAL May 24 1930

20. UNDERTAKER C. L. Sauls Knobnoster ADDRESS _____

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson Registration District No. 431 File No. 15-
 Township Montseual Primary Registration District No. 3593 Registered No. _____
 City _____ (No) _____ St. _____ Ward _____

2. FULL NAME Harry Cozzel Lewis

(a) Residence. No. _____ St. _____ Ward _____ (if nonresident give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 11 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Knobnoster Mo

10. NAME OF FATHER Frank Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Knobnoster Mo

12. MAIDEN NAME OF MOTHER Bell Evans

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

14. INFORMANT Mrs Harry Lewis
 (Address) Montseual Mo

15. FILED 7-230 1930 W Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1930

17. I HEREBY CERTIFY That I attended deceased from May 13 1930 to May 22 1930 that I last saw him alive on May 22 1930, and that death occurred, on the date stated above, at 4:45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
W. Tubercular Disease
Chronic
 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Pulmonary T. B.
(2) Chr. Nephritis
 (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
 (Signed) S. W. Grove M. D.
 (Address) Knobnoster 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
Knobnoster Mo May 19 30

20. UNDERTAKER ADDRESS
C. L. Saults Knobnoster

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-16565