OCT 31 1930

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

16939-B

Do not use this space. 16939-B

1. PLACE OF DEATH
County Pemiscot — Registration District No. 655 — File No.
Township — Primary Registration District No. 4392 — Registered No.
City Steele (No. , St. Ward)

2. FULL NAME Johnie 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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 - 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
17	5	17	

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

9. BIRTHPLACE (CITY OR TOWN) Cottonwood Point
(STATE OR COUNTRY) mo

PARENTS
10. NAME OF FATHER Geo Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jacksonville
(STATE OR COUNTRY) Fla
12. MAIDEN NAME OF MOTHER Lula McKinsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Tenn

14. INFORMANT Geo Lewis
(Address) Steele mo

15. FILED 5/18, 1930 Max P. Kelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1930.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
2 SA (duration) yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY) none
(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 & Lab —
(Signed) James P Vickrey, M. D.
19 (Address) Braggadocio 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
Holly grove cem	5-19 1930
20. UNDERTAKER	ADDRESS
Gunnamund Co	Steele mo

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.